



**R.N.**

***A Journal for Nurses***

**JUNE 1945**



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# RN

## — a Journal for Nurses

**JUNE 1945**

VOLUME 3, NUMBER 9

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*Cover: Julie E. Miale, R.N.*

*Industrial Director, Queensboro  
Tuberculosis and Health Association.*

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✦ ENRICHED BREAD • A PROTECTIVE FOOD ✦

**Thiamine Content**  
of enriched bread compared with other basic foods containing this essential vitamin.

*Note: Each of these Basic Seven foods is important for a variety of nutrients. This comparison is for thiamine only. It shows the amount of each food contributing approx. 0.4 mg. of thiamine.*



6 1-oz. Slices Enriched White Bread



8½ oz. Lean Beef (calculated after cooking)



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2 Cups Orange Juice

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Yes, when made with enriched flour . . . such as Gold Medal Kitchen-tested Enriched Flour.

Through enrichment, the white bread eaten every day becomes a valuable protective food—helping to meet daily requirements, not only in food-energy, but in essential B vitamins and the mineral iron.

Enriched white bread is high in thiamine (vitamin B<sub>1</sub>), niacin and riboflavin (two other B vitamins), and iron.

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Substantial amounts of protective nutrients are included in the diet, when six slices of enriched white bread are eaten daily (average amount for a normally active adult).

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Doctors, editors, congressmen and thoughtful citizens are concerned by the same stark fact: 40% of America's young men are unfit for military service.\*

This doesn't make us a nation of weaklings. Ask our enemies! And it's no reflection on the men themselves. Most of them are serving usefully in other ways. But it does show that America's health is far below what it should be.

Three chief remedies have been suggested—preventive medicine, physical training, and diet. The last is often overlooked. But it has been estimated that about 1/3 of all Selective Service rejections are caused directly or indirectly by nutritional deficiencies.

That's one big reason for the government's food education program. It's one reason why schools and factories regularly serve milk to students and workers. For milk is nature's most nearly perfect food.

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\* Report of Senate Subcommittee on Wartime Health and Education, January 2, 1945.

June, 1945

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# Before

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## Camel—costlier tobaccos

June, 1945



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# Debits and Credits

## PSYCHIATRIC TRAINING

Dear Editor:

To the Lieutenant A.N.C., who in *R.N.*, March, complains among other things that she and "any number" of her co-workers are totally disinterested in psychiatric nursing and feel misplaced in their great organization, I say that true psychiatric cases cannot be passed on to inadequately trained personnel. Doesn't she realize that the mental attitude of wounded soldiers is a prime consideration during convalescence?

When nurses as a whole begin to take a more sensible attitude toward psychiatric work and cease to talk of it so disparagingly, they will have emerged from a dark era of callous judgment and misunderstanding.

This nurse apparently doesn't consider psychiatric nursing akin to anything she was trained to do. I believe very emphatically that every training school should provide a psychiatric affiliation. The future will demand it if the expected 2,000,000 veterans requiring treatment of neuropsychiatric disabilities (*N.Y. Times*, Dec. 17, 1944) are to have the best nursing care available.

If nurses won't volunteer for Army service, I hope it isn't because of the things the Lieutenant blackballs.

SHIRLEY M. PAYNE, R.N.  
Danbury, Conn.

## CRITICISM UNWARRANTED

Dear Editor:

Just a short reply to *R.N.* of Central Illinois. It seems unfitting for an R.N. who does not have ANC following her name to criticize Cadet nurses who have given at least six months of their time to take care of the many wounded who are being returned to this country each day. Here the Cadets are very much appreciated. Perhaps those Cadets of whom she speaks have as good a reason as she has for not

being in the Army Nurse Corps. After two and a half years, I'm still very happy taking care of those who were nearer the lines than I.

The same can be said of other R.N.'s also, who have failed to enlist in the Army Nurse Corps.

LT., A.N.C., U.S.A.

## SUBSIDIARY WORKERS

Dear Editor:

R.N., Central Illinois, requests comments on her letter published in the March 1945 *R.N.*

There is no danger that the nurse aides "will steal away the work" from professional nurses if the "skilled training" is put into practice, personality and everything else being equal. There always have been "nurses aides" of some type or other, whether they be called "aides," "practical nurses," "subsidiary workers," or some other term and there always will be. As long as the professional nurse proves to the consumer that her product is superior to that of the aide who has received less training, she need not fear competition.

Why question the motives which brought Cadets into the nursing schools? In past years girls entered schools of nursing and dropped out. No one accused them of lack of patriotism, of service to mankind, or loyalty to the profession. Some people are intelligent enough to realize that they do not and never will fit into a certain situation and are brave enough to withdraw from that situation and enter into work in which they are able to serve better. There are some who leave a situation for lack of courage, but to say that "most" of these Cadet nurses are not serious about their work is too broad a statement to let pass unchallenged. "These Cadets" are our "student nurses." They are the same young women who would have been our student nurses if the war had not come. If the Govern-

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Makers of CHIX Down-Wave Gauze diapers and DISPOSIES, disposable inserts used with waterproof holder.



ment should offer to better the economic status of an R.N., I am sure she would accept it. Why should the Cadet reject it?

If R.N. from Central Illinois observes these Cadets on duty, she must see loyalty, service and industry, demonstrated by act and deed daily. I believe in giving honor where honor is due.

AMELIA MILLER, R.N.  
Hastings, Nebraska

## GI JOE REPORTS

Dear Editor:

Many heartfelt thanks for writing. My dad came to visit me yesterday and brought your nice letter.

I am getting along fine. Last night for the first time I was able to get into a wheelchair and one of my friends wheeled me to the movies.

The casts I had on my legs have been removed and starting this morning, a physical instructor came and gave me leg exercises. I will get daily exercises from now on.

The chest cast that I had was also removed, the only cast that I have on is my left arm. My right hand is also coming along fine. I am getting very good care—the doctors and nurses are really tops.

SGT. JOSEPH DUCATO

[R.N.'s *GI Joe* of the May 1945 issue has arrived in a General Hospital. His remarkable progress will come as excellent news to those who read about him.—THE EDITORS.]

## A CADET NURSE SPEAKS

Dear Editor:

I am one of the Cadet nurses who was graduated in October 1944 and who has not entered military service. Evidently I'm not considered essential either because I'm classified I-A. And I do not owe the government for my whole education. I was in the Cadet Corps for about one year during which time I was supplied with about six or eight books. There is no tuition charge in our school. Most of my classes were over and I shouldered the expense myself.

My entering the Corps was a means of

R.N.



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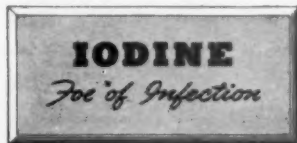
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protecting myself from brow-beatings and stinging ridicule. Our superintendent of nurses made it clear that we did not "have to" join the Cadet Corps. But when conflicting issues arose and a class vote was taken, the non-Cadets were given to understand that they were a minority and she really didn't care what they thought.

Also, in most if not all of the classes we had after the Cadet Corps came into being, the Cadets were given books during the class and the non-Cadets who paid for their own received no texts until after the classes were over.

And while I'm on this subject, why isn't there someone to whom the student nurses can appeal when such unjust and sometimes cruel things occur?

Don't you think a new graduate is entitled to a little freedom after three years of close supervision in social as well as professional affairs? I'm tired of being told when to work, eat and sleep and when and where I may go and what time I must be back. Just let us live normally for a little while. We know what's before us and are doing our share.

At least sixty or seventy percent of my class has enlisted and that includes the non-Cadets too. Let them draft nurses if they need us—but why only the Cadets?

R.N., Toledo, Ohio

### WORKING CONDITIONS

Dear Editor:

We are told of the acute shortage of nurses. If working conditions were improved for R.N.'s many would respond.

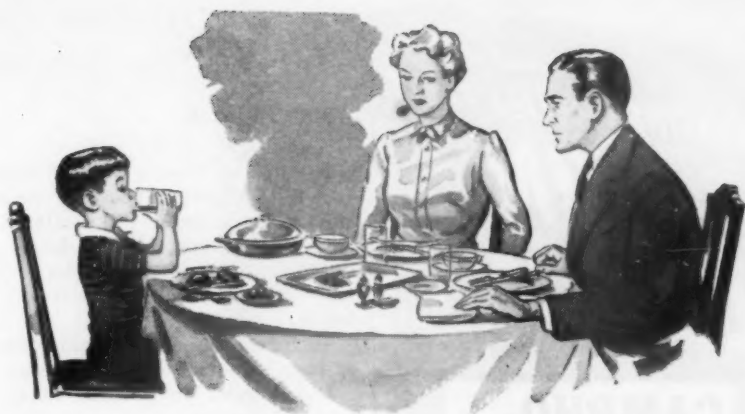
In one of the large industries of this city, there are fifteen or more "nurses" employed, only three of whom are registered (even the supervisor has had limited training) the remainder range from a year and a half of training to not even a day of training, and all begin on the same basic pay; some of the latter even receiving more remuneration than the R.N.'s. The same conditions exist and existed, even during the depression; nurses would be engaged in the same duties but receiving different salaries.

What did we spend three years in training for, plus several years of executive

R.N.

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## *Appreciated...*

### **EVEN BY FINICKY EATERS**

Poor appetite creates a vicious cycle which must be broken before permanent derangement of eating habits has taken place. As the nutritional state becomes poorer, the appetite fails further, adding insult to injury.

In the interruption of this undesirable state of affairs, attractive appealing foods are required. For this purpose, Ovaltine frequently provides the desired stimulus. Its delicious

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PROTEIN . . . . .	31.2 Gm.	VITAMIN A . . . . .	2953 I.U.
CARBOHYDRATE . . . . .	62.43 Gm.	VITAMIN D . . . . .	480 I.U.
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CALCIUM . . . . .	1.104 Gm.	RIBOFLAVIN . . . . .	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN . . . . .	7.0 mg.
IRON . . . . .	11.94 mg.	COPPER . . . . .	.5 mg.

\*Based on average reported values for milk.

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Antiseptic properties**

For effective relief of the infinite variety of minor skin irritations and injuries requiring treatment, many Doctors have for years used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

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Please send me a free bottle  
of Campho-Phenique Liquid  
Antiseptic Dressing.



RN-6

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City.....State.....

experience, to have nursing standards lowered to this?

R.N., Detroit, Mich.

### ARMY NURSE

Dear Editor:

I have long been a faithful reader of your little magazine. You were one of our most ardent supporters in obtaining commissions for us; for this I am deeply grateful. Miss Sutherland's articles were always of interest and I appreciate her taking up our cause.

There has been much said about the drafting of nurses and many people cannot understand why civilian nurses have refused to answer the Army's plea. Many civilian nurses were anxious to join the service a year or two ago. The red tape involved in getting physicals, awaiting orders, etc. disgusted them.

When our civilian nurse friends visit us and see and hear the discussions on our "set-up" in the Army it is usually enough to discourage them. I think if we could have a survey made of each hospital and its staff, to include a talk with the nurses themselves, not just the Chief Nurse and her assistants, it would help us overcome some obstacles in recruiting.

I have been an Army nurse for nearly four years, had one tour of duty overseas and am anxiously anticipating another assignment. I want to go again because we are needed, *but* in the right capacity, that of a *nurse*. Have enjoyed my work in the Army and it grieves me deeply to see such conditions exist. I hate to hear nurses on the outside make remarks to the effect that we "don't do anything but the paper work." The trouble is that some of the hospitals in the States are *not* using the Army nurses to best advantage.

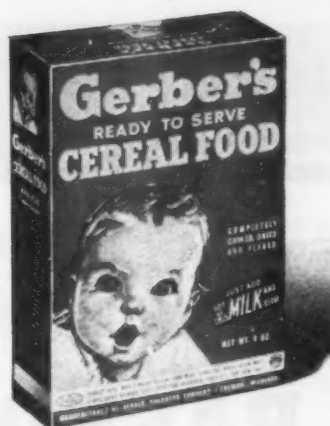
Lieut., A.N.C.

### Pictures in this issue

Pp. 31, 36-41, 43, Anne M. Goodrich.  
R.N.

P. 49, Star Newspaper Service, Toronto,  
Canada.

P. 32, Army Nurse Corps.



## MUST A GOOD BABY CEREAL\* BE EXPENSIVE?

Many physicians and infant nutritionists have endorsed the policy of making a baby cereal of high nutritional value available at a price *within the reach of every mother*—a policy pioneered by the makers of Gerber's Baby Foods.

The table below shows that iron and vitamin B<sub>1</sub> (from natural sources) have been added in substantial amounts to Gerber's Cereal Food to offset recognized deficiencies in the infant diet. Gerber's Cereal Food mixes to a smooth, uniform texture, is pleasant tasting and has low crude fibre content. It is pre-cooked, ready-to-serve with the addition of milk, or formula.

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 **Gerber's**  
*Baby Foods*

CEREALS • STRAINED FOODS  
CHOPPED FOODS

GERBER PRODUCTS COMPANY  
Dept. 356-5, Fremont, Mich.

Gentlemen: Kindly send a complimentary sample of  
Gerber's Cereal Food and a Professional Reference  
Card to the following address:

Name.....

Address.....

City..... State.....

# MEDICAL **R** BRIEFS

*A Series of Informative Discussions of Merrell Professional Products*



## BASSORAN

Brand of Sterculia Gum and Magnesium Trisilicate

When Bassoran is prescribed by the physician for the corrective management of constipation, he is employing the "bulk without bloat" treatment provided by this clinically established product.

Bassoran supplies soft, bland bulk in the colon—stimulating peristalsis *naturally* and without irritating roughage. It does not encourage a feeling of "fullness" or "bloating" in the stomach or bowel.

Unique in its field, Bassoran combines the efficient bulk-producing action of sterculia gum with the

antacid, adsorptive properties of magnesium trisilicate.

Since Bassoran is easy and pleasant to take, the patient is encouraged to follow the physician's prescribed treatment. Usual dosage is 1 or 2 teaspoonfuls, followed by a large glassful of water, morning and evening.

Bassoran is supplied both *Plain* and *with Cascara*—both types in 7-ounce and 25-ounce bottles.

**CAUTION:** Bassoran with Cascara should not be used when abdominal pain, nausea, vomiting or other symptoms of appendicitis are present.



Trademark "Bassoran"  
Reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.



## DIET PROBLEMS IN GERIATRICS

Physicians find that as digestive efficiency declines, along with other faculties, there may be increasing difficulty in meeting the need for foods with bland nutritional properties. The requirement for adequate protein is also one that should not be neglected in the diet of the older patient.

Knox Gelatine (U.S.P.) is helpful in maintaining the nutritional optimum. It is all protein, containing no sugar or artificial, acid flavoring. Used in warm milk, as in the drink described below, it is often prescribed by physicians to aid sleep. And in many dietary recipes developed for Knox Plain Gelatine, patients find a pleasing variety.

**Knox Gelatine Milk Drink:** Soak one envelope of Knox Gelatine in  $\frac{1}{2}$  cup milk. Stir over hot water until gelatine thoroughly dissolves. Add  $\frac{1}{2}$  cup of cold milk. Flavor with vanilla or chocolate syrup if desired. Mix and drink.

### KNOX GELATINE U. S. P.

IS PLAIN, UNFLAVORED GELATINE...ALL PROTEIN, NO SUGAR

Knox Products Keep Pace Through Laboratory and Clinical Research

**Help for Busy Nurses!** Free booklets showing adaptability of plain, unflavored Knox Gelatine to special dietary requirements. Write Knox Gelatine, Johnstown, New York, Dept. 450.

- | No. Copies Desired                              | No. Copies Desired  |
|---|---|
| <input type="checkbox"/> Help with Colitis Diet | <input type="checkbox"/> Infant Feeding.....                              |
| <input type="checkbox"/> Feeding Sick Patients  | <input type="checkbox"/> Reducing Diets and Recipes .....                 |
| <input type="checkbox"/> Diabetic Diet.....     | <input type="checkbox"/> Protein Value of Plain, Unflavored Gelatine..... |
| <input type="checkbox"/> Peptic Ulcer.....      |   |

Name \_\_\_\_\_

Address \_\_\_\_\_

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No wonder he's tickled  
pink—he's on his way  
to get a **free** cake of  
pure, gentle **Swan!**

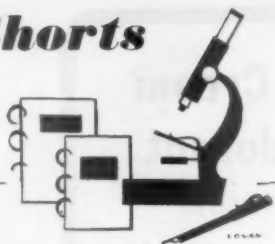


**FREE!** To give new babies a gentle start in life, we'll  
give a free cake of sudsy, mild Swan to every baby  
born in the U.S.A. in 1945. New mothers can send for  
this gift by getting a Swan Baby coupon at their gro-  
cer's and mailing it to Swan, Box 3, New York 8, N. Y.

MADE BY LEVER BROS. CO., CAMBRIDGE, MASS.

*SWAN floating soap is pure as fine Castiles*

## Science Shorts



**SKIN.** The all too common habit of daubing, with the nearest thing at hand, of any part of the skin that becomes red or inflamed or begins to itch often causes needless complications, loss of gainful work, unnecessary expense and hospitalization, even the acquiring of skin sensitization to a substance, warns an article in *The Journal of the American Medical Association*. Almost every day, skin lesions are observed that have been made worse by imprudent topical therapy. Even neoplasms are not spared from the 'put something on it' impulse, according to Dr. L. E. Gaule who authored the article. He adds that organic mercury compounds have led all other cutaneous drugs in producing positive patch tests and he believes that such compounds should bear some warning on the label.

*The first thing most American flyers want when they return from missions over Germany is a glass of milk.*

**TEETH.** Dr. B. Orban of the Chicago College of Dental Surgery reports that toothache at high altitudes is caused by disturbance of circulation in the pulp of the tooth which prevents equalization of pressures during change in altitude. This condition may impair efficiency of almost two out of every 100 cadets and officers given altitude training . . . Dr. R. G. Keseletal believes that we may have immunity to tooth decay from tiny amounts of am-

monia continuously present in the mouth. This ammonia comes from amino acids, broken down during metabolism. Enzymes in the saliva are capable of producing the ammonia from the amino acids.

*All the iodine in a normal man weighs less than a drop of water and one-half of the total amount is in the thyroid gland.*

**MEDICAL INTELLIGENCE.** To prevent outbreaks of disease among our armies, by forewarning them of local conditions, is the work of "medical intelligence." Latest accurate information is supplied to armed forces by means of surveys conducted by this department. This information includes a brief description of climatic and geographical factors and detailed accounts of the public health organization and medical facilities; environmental factors such as water supply, the disposal of wastes, flora, fauna and food supplies; information regarding diseases of military importance, potential military importance and those which affect the native population generally. Specific recommendations for the prevention and control of disease in the area are also included . . . In a recent medical article Navy medical officers said they believed that history will, in time, show that Allied successes in disease control (in the South Pacific) so greatly exceed those

## New Cream Deodorant

*Safely helps*

## Stop Perspiration



1. Does not irritate skin. Does not rot dresses and men's shirts.
2. Prevents under-arm odor. Helps stop perspiration safely.
3. A pure, white, antiseptic, stainless vanishing cream.
4. No waiting to dry. Can be used right after shaving.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering—harmless to fabric. Use Arrid regularly.



ARRID IS THE  
LARGEST SELLING  
DEODORANT

# ARRID

39¢ plus tax (Also 59¢ jars)

AT ANY STORE WHICH SELLS TOILET GOODS  
MORE MEN AND WOMEN USE ARRID  
THAN ANY OTHER DEODORANT

of the Japanese that a major advantage in the war was thereby gained . . . Citing control of typhus fever epidemic at Naples through the use of DDT, General Stanhope Bayne-Jones stated that, "the synthesis of a half a dozen sciences is in a single puff of DDT powder." He added that funds and laboratories may be made available but stressed the need to arouse or keep at high pitch in postwar years the spirit of scientific collaboration and intense application.

\*

*Results of chemical analyses reveal that human-milk fat, qualitatively, and to some extent quantitatively, resembles modern types of margarine more closely than it does butter.*

\*

NEW. Gauze impregnated with sulfathiazole and Kephrene hydrochloride satisfied requirements for postoperative nasal packing. The sulfathiazole acts as a bacteriostatic and the Kephrene exerts a mild hemostatic action, acts as a vasoconstrictor but does not affect coagulation time. The gauze may be used either dry or lubricated . . . "Frigichest" is used to transport whole blood to battlefronts. It is a miniature ice box that holds twenty-four pints of blood and maintains a temperature between thirty-nine and fifty-four degrees for more than sixty hours . . . There is a roller for applying leg makeup smoothly . . . A substance like penicillin has been developed from buttercup juice . . . A postwar innovation will be a 'selector' electric alarm clock. It awakens sleepers with radio music, turns on the radio for selected programs and can control timing of any ordinary household electric appliance . . . A one-ton electron microscope, powerful enough to magnify the windpipes of mosquitoes to a size of ap-

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## A Wealth of Essential Nutrients in a Thoroughly Bland Food

In early postsurgical feeding, cereals—whether of the ready-to-eat or to-be-cooked variety—present four distinct advantages which justify their being the first solid food allowed.

(1) The dish composed of cereal (whole-grain, enriched, or restored to whole-grain values of thiamine, niacin, and iron), milk, and sugar, presents a nutritional composition bettered by few foods. It provides biologically adequate protein, and B vitamins, the nutrients particularly required after surgery, as well as carbohydrate, fat rich in the valuable unsaturated fatty acids, and minerals.

(2) It is dependably bland, does not evoke an undesirable amount of acid gastric juice, and is digested with ease.

(3) Except in case of cereals purposely made different through bran content, it is digested almost quanti-

tatively. There is little inert residue which might prove burdensome to the intestinal tract.

(4) Cereals are available in such wide variety of taste and form that one or the other—if not all of them—is readily accepted by the patient, even if given several times daily.

The nutritional contribution made by 1 oz. of cereal, 4 oz. of milk, and 1 teaspoonful of sugar, is shown by the appended table of composite averages.

Calories.....	201
Protein.....	7 Gm.
Carbohydrate.....	32 Gm.
Fat.....	5 Gm.
Thiamine.....	0.19 mg.
Riboflavin.....	0.27 mg.
Niacin.....	1.82 mg.
Calcium.....	158 mg.
Iron.....	1.73 mg.



*The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.*

**CEREAL INSTITUTE, INC.**

**135 SOUTH LA SALLE STREET • CHICAGO 3**

June, 1945



Philadelphia Bulletin Photo

## Special Delivery!

Delivered by Caesarean operation, Mrs. Joseph Cirminello's quads weighed 3 to 3¼ lbs. Dr. Ullery, Philadelphia obstetrician, said he never saw so many hands and feet.

Nothing has been overlooked to insure the health and proper growth of the quads. Modern Evenflo Nurseries were selected because their valve-action nipples nurse easily and steadily, thus permitting babies to finish their bottles better and make maximum gains in weight.



Evenflo valve  
relieves vacuum



Nipple down.  
Bottle sealed.



Nipple up  
for feeding.

America's Most Popular Nurser

**Evenflo**  
Modern Nurser 25c

Separate nipple, bottle, cap 10c

Mrs. Cirminello and her nurse report that "Evenflo's handy nipple, bottle and cap combination saves us time and energy. Since Evenflo Nipples do not collapse, our babies don't have to 'work' hard to get their food, with the result all four are on their tummies ready to sleep within 20 minutes after first getting their bottles."

proximately two inches, has been added to the arsenal of scientific instruments for the study of cancer at the USPHS National Cancer Institute, Bethesda, Md. . . There is a capsule combination of ephedrine hydrochloride and nembutal for symptomatic relief of hay fever, asthma and other allergic manifestations . . . A new sedative-antispasmodic was recently announced. It has a threefold effect in all disorders associated with smooth muscle spasm and nervous tension. It selectively inhibits the parasympathetic terminations in smooth muscle but in contrast to atropine it is not likely to cause undesirable side reactions; it also has a direct relaxing effect on spastically contracted smooth muscle fibers and it relieves nervous tension and apprehension which are often significant factors in spastic disorders . . . For rain-plagued tropics and beach-head operations there are matches that can be soaked in water for eight hours and still light . . . A dispensing bottle delivers a measured drink; when tilted it pours only a cupful . . . The virus of equine encephalomyelitis (sleeping sickness) has been isolated from the bodies of chicken mites.

\*

*Cataracts of a peculiar type and other congenital defects may occur in babies whose mothers have had German measles during the first three months of pregnancy.*

\*

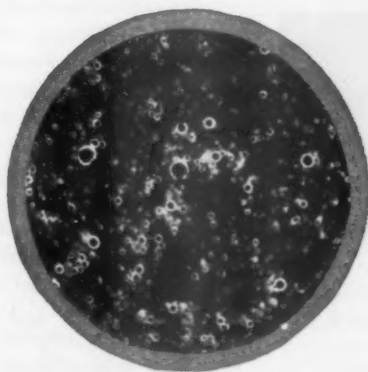
**PENICILLIN.** Now that penicillin has been made available to the public a special warning is issued that it is not a "cure-all". . . Penicillin ointment is being applied in the treatment of eye infections, especially for general post-operative treatment as well as for blepharitis (inflammation of the eyelids), conjunctivitis and infections of the

R.N.



# NEW! . . . Johnson's Baby Lotion

(ANTISEPTIC)



Photomicrograph showing discontinuous film of Johnson's Baby Lotion. Note the small size of the dispersed oil globules—X1000.

**Leaves discontinuous film . . .  
helps reduce infant skin irritations**

**H**ERE'S a product long indicated for routine care of the infant's skin.

Johnson's Baby Lotion is prepared to conform to a physiological basis. It's a smooth, white, antiseptic lotion . . . an emulsion of oil-in-water, homogenized under pressure to permit extreme dispersion.

*Johnson's Baby Lotion leaves a discontinuous film on the infant's skin.*

The physical properties of John-

son's Baby Lotion contribute to normal skin function, permitting normal heat radiation . . . allowing perspiration to escape readily.

This physiological phenomenon results in materially reducing the incidence of heat rash (miliaria) and local skin irritations.

The nursing profession is showing a high degree of interest in Johnson's Baby Lotion. A free acquaintance package, regular size, is available to nurses.



**Johnson's Baby Lotion**

**Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL.

Send for trial bottle of Johnson's Baby Lotion  
Johnson & Johnson, Baby Products Division  
Dept. 104, New Brunswick, N. J.

Please send me, free of charge, a bottle  
of Johnson's Baby Lotion.

Name

Street

City  State

Offer limited to medical profession

June, 1945

# Eyes Bright!



You'll never tolerate dull, washed-out looking eyes once you see what a few soft accents will do! Lashes darkened with safe Maybelline Mascara not only look nicer—they make your eyes appear brighter and more expressive. Straggly brows are brought into line and gracefully tapered with Maybelline smooth-marking Eyebrow Pencil. Insist on genuine Maybelline—the Eye Make-up in Good Taste. Solid or Cream-form Mascara—Black or Brown, 75c. Purse size at 10c counters. Eyebrow Pencil, Black or Brown, 10c.



tear sac . . . A new container called Vipule, described as combining the features of the vial and ampule, has been developed for guarding the potency of the penicillin so that it will remain stable for long periods of time . . . Dr. J. G. Geiger, director of Public Health for San Francisco, says that penicillin cannot control the spread of venereal diseases. He reports that one-seventh of the patients treated with the drug remained infectious . . . By irradiation, penicillium notatum can become a source of vitamin D<sub>2</sub>. Three Swedish scientists found that this treatment lowered the cost and doubled the value of the drug . . . Drs. R. V. Platou and associates treated sixty-nine babies, born with syphilis, with penicillin and reported that twenty-five are "physically normal" and blood tests were negative in twenty-one . . . Penicillin is being produced on a commercial scale by twenty-one plants.

\*

*Civilians are drinking between twenty and twenty-five percent more milk than they did in prewar days, and 158 pounds of meat per year as compared to 126 pounds each year in the late thirties.*

\*

**NURSES IN FRANCE.** Within a huge riding ring, where pure-blooded horses of a French cavalry school once passed in review, the largest orthopedic ward in the European Theater of Operations is now being operated by the 36th General Hospital in France. After installation of a 520-bed ward, there was still room for the construction of offices, lavatories and storerooms and the erection of a large two-sided movie screen in the center of the ward. In charge of this unique ward is Captain Erna A. Peterson who landed with the 36th in Algiers. The ward is known as "The Arena."

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**"TOPS"  
WITH DOCTORS?  
97 out of 100  
said "YES"!**



**AMMEN'S  
RELIEVES**

- \* PRICKLY HEAT
- \* INSECT BITES
- \* SUNBURN
- \* NETTLE RASH
- \* CHAFING
- \* And all minor skin and foot irritations

**One hundred doctors at a recent Louisiana State Medical convention were asked two questions:**

**Ques. 1. Do you prefer an antiseptic body powder?**  
"Yes," said 98—2 did not answer.

**Ques. 2. What is your favorite brand of antiseptic powder?**  
"AMMEN'S," said 97—another brand, 1—2 did not answer.

**Doctors realize that the perfect all-purpose body powder must be:**

**ANALGESIC . . . to soothe the skin**

**ABSORBENT . . . to absorb perspiration**

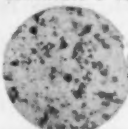
**ANTISEPTIC . . . to prevent bacterial growth**

Exhaustive laboratory tests proved that Ammen's quality and antiseptic action provide protection and specific comfort that ordinary powders just don't have.

That's why hundreds of thousands of Uncle Sam's boys, from the blistering tropics to the biting Arctic, use Ammen's.

**CHAS. AMMEN LTD., Alexandria, La., U. S. A.**

**AMMEN'S is ABSORBENT**



Unretouched, magnified photo of Ammen's Powder.  
Note uniformly fine particles which result in a smooth, fine texture.

**AMMEN'S is ANTISEPTIC**

Unretouched photo of agar cup plate test. Black area (6 to 7 mm.) is zone in which germs cannot live.



**AMMEN'S**

**Triple Action Powder**

**Always "TOPS"**

**But it took a war to Prove it!**

## DON'T WASH YOUR HANDS! —UNTIL YOU FIRST APPLY TRUSHAY

Frequent immersion removes the skin's natural lubricant (sebum)...leaves hands coarse and red. TRUSHAY, applied *before* washing, helps keep hands soft and smooth.

### NOW YOU CAN PROVE THAT TRUSHAY PROTECTS HAND BEAUTY



Make this simple test. Apply TRUSHAY to *one* hand; nothing to the other. Then go about your soap and water tasks. You will find that the unprotected hand is apt to become rough and dry. But in most cases, the *TRUSHAY-guarded hand will remain as lovely as ever!* Try it!

### A FEW DROPS GO A LONG WAY

Rich, creamy TRUSHAY is economical. Just a few drops are enough for both hands. Get a bottle today . . . and suggest it to your convalescent patients. Used daily, TRUSHAY keeps patients interested in their appearance . . . boosts their morale.



### TRUSHAY FOR UNSIGHTLY ELBOWS

Coarse, red elbows (and knees) are quickly softened by just a few applications. Fragrant TRUSHAY makes an excellent body-rub, too.

24

*Trushay*  
THE "BEFOREHAND" LOTION

A Product of  
BRISTOL-MYERS COMPANY  
190 C W. 50th St., New York 20, N.Y.



R.N.

June, 19

# Was there ever an infant cereal equal to this?



## CLAPP'S INSTANT CEREAL

*Pre-cooked... ready to serve*

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B<sub>1</sub> (thiamine) and Iron, in which the diet of infants and young children may be deficient.

### INGREDIENTS

Whole Wheat Meal • Malt • Dicalcium Phosphate • Corn Meal • Dried Skim Milk • Salt • Wheat Germ • Dried Brewers' Yeast • Iron Ammonium Citrate.

1 ounce of Cereal contains not less than 100 U.S.P. units vitamin B<sub>1</sub> and 0.18 milligrams vitamin G.

### TYPICAL ANALYSIS

Carbohydrate 71.7%	Moisture 5.7%
Protein (N x 6.25) 16.0%	Calcium (Ca) 0.34%
Fat (ether extract) 1.2%	Phosphorus (P) 0.80%
Ash (total minerals) 3.8%	Iron (Fe) 0.021%
Crude Fiber 1.6%	Copper (Cu) 0.002%
	Calories per avoirdupois ounce 102.

### NUTRITIONAL VALUES

$\frac{1}{2}$ -oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

**INSTANT CEREAL:** For infants, 60% of vitamin B<sub>1</sub>; 18% of vitamin G. For young children, 60% of vitamin B<sub>1</sub>; 80% of Iron; 12% of Calcium; 33% of Phosphorus.



The Council on Foods and Nutrition of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B<sub>1</sub> and Iron. Clapp's Cereals are an excellent source of these two food elements and thus are preferred for inclusion in infants' diets.

## CLAPP'S BABY CEREALS



Harold H. Clapp, Inc., Dept. K-6  
22 East 40th Street, New York 16, N. Y.

Please send me a supply of professional samples of Clapp's Instant Cereal and Clapp's Instant Oatmeal.

Name

Address

City  State

**GOOD...**

BUT sunbathing may be overdone. When this occurs, NUPERCAINAL® — the non-narcotic, prompt and prolonged-acting anesthetic ointment — is good to painful, burned skin.

# NUPERCAINAL

Available in tubes of 1 oz., and jars of 1 lb.

\*Trade Mark Reg. U. S. Pat. Off.

"Nupercainal" identifies the product as containing Nupercaine (α-butyl-α-cyananiline acid-γ-diethyl-β-phenylenediamide) 1% in lanolin and petrolatum, an ointment of Ciba's manufacture.

*Ciba  
Product*

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY  
IN CANADA, CIBA COMPANY LIMITED, MONTREAL

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# Laboratory Tests



## BLOOD - PHYSICAL CHARACTERISTICS

OVER fifty percent of the laboratory tests involve the blood. Most common procedures are red and white corpuscle counts, hemoglobin estimations and differential leukocyte counts. When these tests show variance from normal more definite procedures are done. Most of the methods are quantitative and the complete story of blood chemistry must be taken from text books. Normal values may differ widely according to age, sex, locality, methods used, etc.

Precision equipment for routine blood examinations should be used and minute attention to details stressed. Accurate work requires practice and experience; even the trained worker will check any variations from normal.

**Specific Gravity.** Direct weighing, use of fluid mixtures for suspension of blood drop or the falling drop method are some of the procedures that may be used for this determination. The copper sulfate method, more accurate and recently developed, is becoming familiar as it is used in blood banks. Plasma proteins, hemoglobin and hematocrit may be calculated by charts from plasma and whole blood gravities. Normal range of specific gravity is from 1.048 to 1.066.

**Hematocrit (Packed Cell Volume).** This test is considered most important. Actually the hematocrit is a tube in which blood is centrifugalized to separate the cells and the plasma. The term is used to mean the percentage of cells

which constitute the whole blood volume. This test is especially valuable in determining the type and degree of anemia.

**Sedimentation Rate.** Developed twenty years ago, sedimentation rate is considered by some to be the third most widely used laboratory procedure, although its mechanism is not fully understood. It is used as a measurement of tissue breakdown (catabolism) anywhere in the body. Apparently the end-products, absorbed from the site of disturbance, alter the plasma. When blood is mixed with an anticoagulant there is a rouleaux formation (roll of red blood corpuscles) which settle in a column of uncoagulated blood. Rate of sedimentation is fast as rouleaux increases in size.

Sedimentation rate is not a means of diagnosing a specific disease but it does indicate progress of a disease and also suggests the presence of some internal condition which is causing general tissue breakdown. An exception is in pregnancy when there is an accelerated sedimentation, usually from the third month. Acute infections with suppuration (mastoiditis, septicemia, pneumonia, etc.), chronic infections (virus pneumonia, tuberculosis, rheumatic fever, some forms of syphilis), tumors, cardiac and other infarctions, active nephritis, hyperthyroidism and some forms of arthritis have rapid sedimentation rates. On the other hand diseases that may show little change in

the rate are appendicitis, upper respiratory infections, abscessed teeth, peptic ulcers, colitis, jaundice, allergic disorders, malnutrition, non-necrotic benign tumors, psychiatric disturbances, most skin diseases and inactive heart disease.

**Clotting Time.** Normal clotting time or *coagulation of blood* is from two to eight minutes (depending somewhat upon the method used). This determination is especially important pre-

operatively. A control with normal blood should also be made. The slide method is not as accurate as the venepuncture method.

**Clot Retraction.** Abnormalities show a clot that is soft and friable while the normal blood forms a tough and elastic clot. Time element is important.

**Prothrombin Time.** When clotting time is normal it may be assumed that it depends upon the amount of thrombin activity. Prothrombin activity can be measured by its ability to form thrombin. The method of determination is done by adding excess tissue extract (thromboplastin) to fresh blood. This [Continued on page 74]



#### AVERAGE NORMAL BLOOD

Specific gravity	1.048-1.056
Hematocrit (Packed Cell Volume)	39-52 (male) 35-48 (female)
Sedimentation Rate (1 hr.)	0-8 mm. (male) 0-15 mm. (female) higher at menstruation
Clotting (Coagulation) Time	2-8 minutes
Clot Retraction Time	Begins 1 hour—marked in 18 hours
Prothrombin Time	12-13 seconds
Bleeding Time	1-3 minutes
Erythrocytes (per c.mm.)	4.5-6 million (male) 4.2-5.4 million (female)
Hemoglobin (gms. per 100 cc.)	13-18
Reticulocytes	0.5-1% of erythrocytes
Erythrocyte Fragility	Slight hemolysis at 0.40-0.46% concentration
Mean Corpuscular Volume	82-92 cubic microns (105 at birth)
Mean Corpuscular Hemoglobin	29-31 micromicrograms (40 at birth)
Mean Corpuscular Hemoglobin Concentration	33-37 gms. per 100 cc. packed cells (45 at birth)
Total Leukocytes (per c.mm.)	5,000-10,000 (adults) 10,000-14,000 (children)
Leukocytes—types (adults)	Neutrophils—3,000-7,000 (60-70%) Eosinophils—50-400 (1-4%) Basophils—0-50 (0-0.5%) Lymphocytes—1,000-3,000 (20-30%) Monocytes—100-600 (2-6%)
Platelets (per c.mm.)	250,000-500,000

# Camp Nursing

BY RUTH B. SCOTT, R.N.



TEARS stream down the cheeks of the eight year old girl, whom the counselor brings to the camp nurse during dinner. She has a "stomach-ache." Indigestion? Appendix? Homesickness? The nearest doctor is three mountain-towns away, and the nurse must make some immediate decisions. Professional interruptions occur almost every meal to give a sterner side to camp nursing, but there are lighter moments, too. The camp nurse who takes a genuine and kindly interest in her charges receives an amount of heroine worship which would turn her head, if it were not for those sterner moments to keep the head straight on her shoulders.

My experience with camp nursing began with the problem of selecting camp medical supplies. Search of library and Red Cross failed to produce any information on *how much*, for *how long*, for *how many*. With the help of general lists, conversation with all-summer camp nurses, common sense, and consultation with an interested druggist, the shopping was done. Naturally equipment varies in different regions. Fortunately we have no poisonous snakes, so that anti-venom kits are not required. While our camp is in the Cascades, there are towns within driving distance. A camp on an isolated island would need more emergency supplies.

Our druggist promised to repur-

chase any unopened materials. However, at camp we did more buying, for our guess was farthest off on the matter of sanitary pads. We expected a few girls to be unprepared, although some counselors scoffed at their lack of foresight. But the joke was on the counselors; the outdoor life either hastened or delayed periods, so that during the ten days every counselor except one, who was pregnant, came to me for pads!

This was our final list, for a personnel of 109, for ten days. Age of girls ranged from eight to eighteen.

- 2 oz. Cheracol for coughs.
- 100, 5 gr. Aspirin tablets.
- 1 tube Ephedrine jelly.
- 2 boxes Kleenex.
- 1 can Quinsana; for prevention and treatment of foot infection.
- 1 tube Amertan for burns.
- 1 tube Spertibodyne for cuts, burns.
- 30 tablets Phenolax.
- 8 oz. Calamine with 2% carbolic.
- $\frac{1}{2}$  oz. Iodine 2%.
- 12 3"x3" bandages.
- 10 yds. roller bandage, 1 inch.
- 10 yds. roller bandage, 2 inch.
- 5 yds. roll adhesive; tri-wide,  $\frac{1}{4}$ ",  $\frac{1}{2}$ ",  $\frac{3}{4}$ ".
- 1 box absorbent cotton.
- 1 box 73 assorted band-aids.
- 1 tube Petrolatum.
- 1 tube zinc oxide.
- 2 pints alcohol; for thermometers.
- 5 doz. sanitary pads.
- 1 sanitary belt.
- 1 lb. sodium bicarbonate.
- 1 box toothpicks (swabs, fingernails).
- From my home and personal sup-

plies I brought: Mouth and rectal thermometers, two hot water bottles (both used!), enema connection for hot water bottle, hypodermic set (fortunately not needed), forceps, bandage scissors, Red Cross First Aid book, and "Emergency Care" by Marie Wooders, R.N. and Donald R. Curtis, M.D., 1943 (an excellent reference, valuable in our serious accident).

The camp kitchen gave us large empty vegetable cans for emesis basins, and for toilet use in illness. Our latrines were the six-hole variety, locally known as "bear houses." As there was no electricity, and the younger girls disliked going down the woody path at night to the latrines, they were provided with these large cans.

The camp director provided a loose-leaf notebook, already hectographed with daily check-chart and record space for each girl. These sheets were used for nurse's notes on all sick calls.

Pre-camp preparation for the nurse consisted in reading the bibliography prepared by the library. Material on camp nursing is limited; the most helpful specific book I found was "Keeping Campers Fit" by Elena Erving Williams. Most published camp material seems to deal with the all-summer camp. In our community the ten-day special group camp is the commonest. "Emergency Care," brought as a reference, gives latest practice.

Preparatory public health measures consisted in sending for samples of water supply to be tested by the state sanitation laboratory and checking with the head cook to be sure that pasteurized milk would be used.

An opening night speech was outlined, explaining the daily health check; the regular consultation periods; warning the children not to drink surface water; to take time for bowel movements; that the good camper

avoids sunburn; telling which problems should go immediately to the nurse. In general the emphasis was on positive hygiene. In this age group, a girl is likely to have her first menstruation at camp, and the fact that the nurse had supplies was made plain.

Opening day at camp there were two campers with special orders from their doctors. One, with special diet requirements, had her needs outlined to the head cook, and although the cook never failed to make substitution on forbidden foods, the nurse always checked on these. One girl with restricted activity had a variant program worked out with her cabin counselor and the athletic director.

At camp the nurse's day included daily health check of all girls which took about one hour. Items checked on each girl's record included: general cleanliness; teeth; sleep; eating; bowel movement; menstruation. The nurse carried flat-end toothpicks with her, for dirty finger nails. Girls without bowel movements on the second day were given one phenolax; those menstruating were reported to the physical education director for lighter activity and no swimming. Each girl was quick-



ly inspected; throat, teeth and general health. The voluntary reporting of all illness was so splendid that not once was a girl sent to infirmary from daily check-up.

On the first morning, all girls removed shoes and stockings and feet were inspected for possible athlete's foot. The only one with an obvious foot infection was asked not to use the

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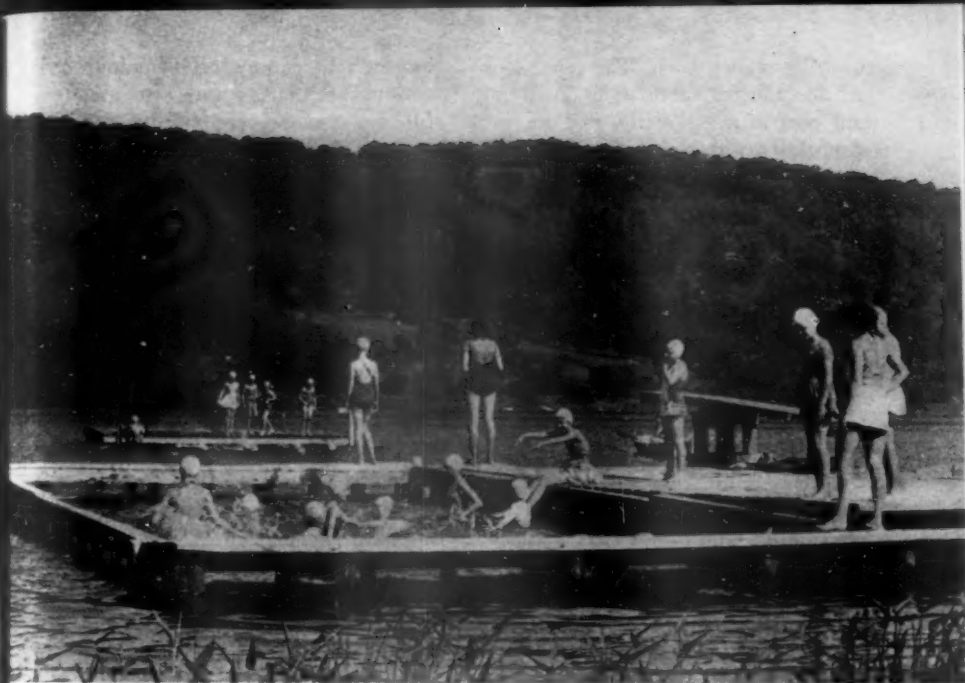
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swimming pool, to wear slippers in the cabin, given ample amounts of foot powder, and urged to report to her doctor after camp for complete eradication of the trouble. Where a camp has a doctor, he would give this original check-up in a more thorough form. We had no doctor and pre-camp examination had not been required.

A class in home nursing was scheduled, for a fifty minute period. The elective enrollment was forty-three girls, ranging from seven to seventeen, and as they resisted all suggestions to enter alternate classes, it was an interesting challenge. The girls sat on the floor. There was one camp bed for demonstration and most supplies were improvised. Never have I taught a more interested or better-behaved class. Our best demonstration of evening care was given by the seven year old. One morning when I was seeing

the doctor with a patient, a fourteen year old took charge of a review lesson, and with the passive aid of a counselor to keep discipline, gave an excellent class.

We had a sick-call after every meal. The infirmary and first-aid rooms were in the large dining hall building, some distance from the sleeping cabins. Numbers reporting varied from two to twelve. The opening speech told the girls we could help mosquito bites. This brought in the little girls whose bites were swabbed with calamine and all bites where the skin was broken by scratching were covered promptly with tiny band-aids. The bites healed quickly and we had none of the infections which can be an annoying problem when mosquitoes are prevalent.

One girl reported with her initial menstruation, and we tried to give her the proper cheerful hygienic attitude



toward her own body. The psychological attitude for maturity is an important part of a girl's life, and we were careful to avoid the emotional suffering which some girls have had from a first maturity away from home.

Attendance at swimming periods proved advisable. While the athletic director was the responsible adult at the pool, the presence of the nurse discouraged any urge to swim with a head cold and located her where emergencies were most likely to occur. And the nurse enjoyed swimming—

I cared for any infirmity patients. A child or adult with vomiting or fever was brought to rooms near the nurse, for isolation and easier care. Our census varied from none to four; the night after the all-day hike had the most.

It was my responsibility to take to the doctor, three towns away, the few cases needing his attention. He made

one call to camp, following our only serious accident. I was also responsible for general community hygiene, such as daily clean-up of latrines, including use of lime.

My costume was varied—slacks, play suit or dresses. A white uniform never had been a tradition at this camp.

The camp director had the time well-organized, and the nurse's schedule left sufficient free time. Of course there were interruptions; after retiring several nights there was a knocking at the door, and I lit my lantern, put on coat and shoes, and went to the upper camp with equipment which might be needed.

The camp director was a great help in loyal support on all problems. There were a few bed-wetters among the youngest girls. As there wasn't time for the nurse [Continued on page 84]



R.N.'s Editor, Dorothy Sutherland (center) at the Snack Bar of the Women Officers Club in Paris; Captain Beatrice Lott, ANC (right); Dorothy Villager, ARC, Director of the Club (left).

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# Army Nurses Under Fire

BY DOROTHY SUTHERLAND



SECOND Lieutenant June H. Stoops of Minneapolis is twenty-three and chief nurse of the second detachment of the 57th Field Hospital. She trained at Abbott Hospital, Minneapolis, graduated with the class of May 1943. She joined the Army in March 1944. She is engaged to be married to an Air Force officer, who bombed Berlin, was shot down and captured, and was a prisoner in Germany.

Lieut. Stoops came overseas in July 1944 and her unit served as an air evacuation hospital in Scotland for the better part of three months. They reached France from England in October and were shortly sent to 7th Army to follow an armored division on the Saar front. Before Thanksgiving, the unit moved into a key town—ahead of the infantry and immediately behind the advance armored patrols that had forced the enemy out.

It took two tries before the unit could make the town. The first day dogfights were going on overhead as the small convoy moved along the road. A bridge was blown out and the highway was being strafed. On the second day they made their objective and got the field hospital installed in the building earmarked for it. At once patients began to pour in. "This was the first front-line combat nursing we had done," says Lieut. Stoops. "We knew the Germans were nearby be-

cause we could see the artillery night and day, and we watched our own ack-ack pull down the Jerry planes. But we didn't think much about the Germans because we were so glad to be in a place where we could do a job."

One day at chow there was an unusual roar of planes overhead. One of the officers went outdoors and looked. He came back and said, "It's okay, gang. They're our own P47's." At that, something hit with a sickening *whoom* sound just beyond the mess hall. Jerry, disguised as Americans and flying captured planes, had dumped a 500-lb. bomb down the street.

The windows went out of the mess hall, walls cracked and the ceiling shuddered. Nurses and officers rushed out into the street to see what had happened.

"Somebody shouted for litter bearers," Lieut. Stoops says, "and one of our ambulances pulled out to go down to the spot where the bomb had hit. I could see the injured lying all over the street and I could hear them moaning. I climbed on the ambulance too."

Someone thrust some ampoules of morphine and a hypo into her hand, but everyone was too intent on the bombing to think about a blonde lieutenant on her way to a place she had no business being. "It wasn't anything heroic," she says. "I just followed an impulse [Continued on page 70]

# Public Relations and the Nursing Profession



HAVE you ever stopped to wonder what the public really thinks about you as an individual, as a professional woman and as a member of a professional group? For many years nurses have listened to the public refer to them as "Angels of Mercy." Recently R.N.s have been shocked to find that in the public mind the angel concept has feet of clay. What has happened to our relationship with the public? Why does the public feel about us as it does? In an effort to get an answer to these questions, the New York League of Nursing Education, invited an expert to tell us.

Edward L. Bernays referred to by *Time Magazine* as "U.S. Publicist No. 1" began his talk by pointing out that if you want to know what the public thinks of you, *ask the public*, don't ask each other. Good public relations, according to Mr. Bernays depends on two factors: First, that you and the public understand each other; second, that nursing meets the real needs of the public for nursing service. He pointed out that the nursing profession depends on many different kinds of public—on its government public, on its medical public and on its patient public and that relationship with one public may be good, with another bad and with the third, indifferent. That relationships change from time to time and that the ideal is, of course, a good working relationship with all

publics at all times. Mr. Bernays pointed out that little things may adversely influence relationships and that bad public relations of the nursing profession may be due to real or imagined reasons.

Public relations activities deal with maladjustments of professions. They try to find out why the profession and the public do not mesh more smoothly. Public relations either educate the public about a profession and the things it is doing, or they try to help the profession and its practitioners to meet the legitimate needs of the public. Occasionally this demands a change in aims, ideals and attitudes of a profession. The nursing profession, to better its public relations, should look itself squarely in the eye and evaluate its service to the community. The profession, itself, must regulate the behavior of its members to meet public demands and, continued Mr. Bernays on an encouraging note, "Nurses are not unique in their professional problems. Doctors are having their troubles as you know, so are lawyers. Because professions represent a cross section of the public, they are made up of reactionaries, radicals and middle-of-the-roaders. Since older members usually hold the reins in the professional societies, professions are apt to be less progressive than the public demands. Sometimes the younger, more progressive members of the profession, split off and

form new groups but sound leadership and action can often lead a profession to meet changes demanded by public opinion, by science and by public need. These are really your problems in public relations—not stories and pictures in the papers.”

Mr. Bernays pointed out that as professions are concerned with public interest, society insists on a standard of conduct for them. This standard is maintained by social control. Law licenses the practitioner and dictates his educational and other qualifications but law is affected by public opinion and unfortunately a law is not always based on abstract justice. When public opinion is actively aroused against a profession, group pressures demand legal regulation and the law becomes more drastic. To be successful, professional groups must know what the public expects of them. They must be guided by public opinion but they must also be far-sighted enough to lead public opinion so that it is favorable to them.

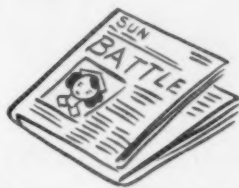
The speaker asked nurses to consider that the rank-and-file public, as well



as leaders in public opinion, influence social attitudes and we should ask ourselves, “What does the man on the street expect of nursing? What do key individuals who lead the social forces in government, commerce, industry, literature and education, believe the scope and function of today’s socially effective nurse should be?”

The nursing profession should then try to determine the difference between what the public expects and what the

public is getting and whether these differences are due to the fact that nursing, by its preparation and education, are not giving the services that the public expects or whether it is because the public is ignorant about the services actually performed by nurses. According to Mr. Bernays, only after



we have made a study of what the public expects and what our contribution to the public is, and also how well the public understands us, can we proceed to interpret ourselves to ourselves and to the public. It may be necessary to change our attitudes. If so, we should undertake this ourselves, by voluntary action. If our educational pattern, our standards or our criteria for admission need revision, we should, according to Mr. Bernays, be prepared to *face facts and make changes*.

In an effort to carry out his original contention that we should ask the public what they think of us rather than retiring into a professional ivory tower, Mr. Bernays contacted various non-nurses who were, however, interested in health and allied fields. He made a point of asking the opinion of radicals, middle-of-the-roaders and conservatives. A digest of their combined opinions of some of the public relations difficulties in nursing, should, according to Mr. Bernays, furnish valuable material on which to base our public relations problems. The following list indicates some of the ways in which we are out of step with our public.

1. The public does not understand

[Continued on page 66]



*Evelyn MacCheyne of Wil-  
lard, New York, doing private  
duty in the hospital from  
which she graduated June  
1944, Kings County, Brook-  
lyn, New York.*



*She has planned for some-  
time to join the Army Nurse  
Corps and she goes to the  
Second Service Command  
Nurse Procurement Office at  
39 Whitehall Street in New  
York City.*



*She fills out an application  
blank while another appli-  
cant awaits her turn. Evelyn's  
credentials will be sent to the  
Red Cross for accrediting.*



*An interview with Captain  
Elisabeth Hartman gives her  
a chance to ask questions and  
find out what will be ex-  
pected of her as a member of  
the Army Nurse Corps.*

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*A complete physical examination includes checking her vision, hearing, posture, general physical condition and chest X-ray.*

*The climax to a full and exciting day, having passed her physical exam, her credentials found acceptable, Evelyn MacCheyne is sworn into the ANC by Lieut. Colonel Edwin N. Beery of the Medical Corps.*

## ***From White to Olive Drab***

**BY ANNE M. GOODRICH, R.N.**

What happens to the graduate nurse who decides to make application to the Army Nurse Corps? To get a first hand picture, *R.N.* followed Evelyn MacCheyne from her last private duty case at Kings County Hospital, through her first day as a Second Lieutenant in the Army Nurse Corps undergoing basic training at Tilton General Hospital. Miss MacCheyne graduated from Kings County in June 1944 and then

took one semester on a scholarship at New York University, majoring in Clinical Teaching and Supervision. After completing her school semester, she went back to the hospital from which she graduated, to do private duty. Born on Pearl Harbor Day—but in 1920, Evelyn MacCheyne is the two-thousandth nurse to be sworn in in the Second Service Command, since January 1, 1945.





*Ten days after making her application, Evelyn received her Army orders through the mail. She was directed to report to Tilton General Hospital, Ft. Dix, New Jersey, May 1. She buys her ticket.*



*Getting on the train for Trenton she carries a small suitcase containing toilet articles, nightclothes and one white uniform.*



*Arriving in Trenton, new recruits are met by a member of the staff of Headquarters Basic Training School, Tilton General Hospital. Evelyn is issued a tag for her bag and directed to a bus for the trip to Tilton General.*

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# **To Olive Drab (cont.)**

*Arriving at the basic training school, she signs the roll book and her credentials and Army orders are checked. She is assigned to a barracks.*



*Before going to her barracks, she stops at the supply room for her issue of bed linen. She is getting used to signing her name and ANC number to requisition blanks.*

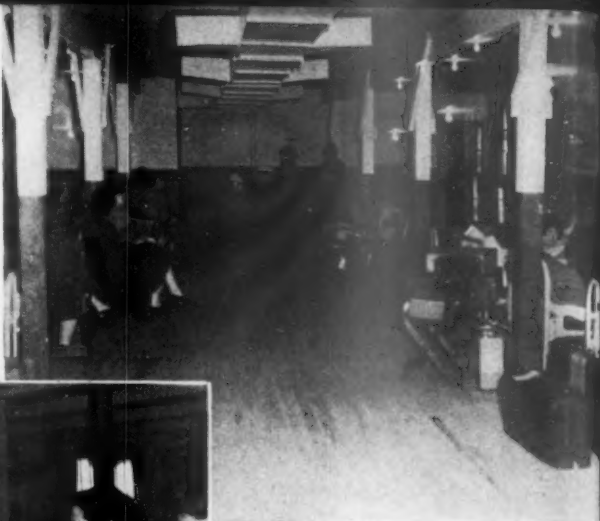
*Using the bed linen issued to her, Evelyn makes her cot, head facing the wall. Her next bed mate, Margaret Higgins of New York City, makes her's, with head facing in the opposite direction.*



*Back in barracks she unpacks her suitcase, hangs her clothing on the rod which she shares with the girl in the next bed, and puts away her personal belongings in the cupboard assigned to her.*



*The staff member in charge of the barracks, Lieut. Laura Navas, calls the girls together to read rules and give orders for processing the next day.*



*Her last day in civilian clothes, Evelyn takes her place in the chow line for her first Army meal.*



*During supper she compares notes with Margaret Higgins, a graduate of Manhattan State Hospital, who was working in the New York Psychiatric Institute before she entered the Army.*



*First thing next morning the nurses go back to the supply room where the sergeant issues field equipment including fatigues and steel helmets. One set of field equipment is split between two girls to share when on bivouac in the field.*

## To Olive Drab (cont.)

At the commissary each girl puts on one GI heavy wool sock and gives her civilian shoe size to the corporal in charge. The high brown boots are tried on and checked for fit as well as comfort.



Back in the barracks, the girls try on their newly issued fatigue uniforms. These are the clothes in which they will work, play and study for the next two or three weeks. Dress uniforms are not issued until toward the end of basic training.

Second Lieut. MacCheyne helps Second Lieut. Higgins adjust the chin strap of her steel helmet. Both girls stand in the second story doorway of their Army barracks.

# News of the Month



## CENTRAL BUREAU PLACEMENT

The Board of Directors of the ANA approved establishment of a central bureau for counseling and placement of nurses. Details have not been perfected but it is provided that established nurses' registries in the country will act in close cooperation. Provisions are made for conversion of five or six selected registries into regional demonstration centers which will also act as practice fields for nurses enrolled in counselling and professional guidance programs in colleges and universities throughout the country.

## LEGISLATION

The West Virginia Legislature has passed a bill setting up an all-nurse board of examiners for registered nurses. The bill exempts from its provisions not only practical nurses, but undergraduate nurses and medically trained Waves, Wacs, Spars and Women Marines . . . The controversial Federal Nurse Draft Bill, which was passed by the House, appears doomed in the Senate. However, the Army still favors a draft for nurses and its goal remains 60,000. Recruiting efforts are being continued and many states have used personal visits and questionnaires to remind nurses that the Army needs are as yet unfilled. The Office of War Information reports that the Army's needs have increased with victory in Europe and that 14,000 nurses are needed for military and government service by July 1. Reasons for the in-

crease are given as: Occupation troops and many casualties will remain in the ETO for several months; normal sickness rate in the Pacific is higher than that in Europe; attrition rate is expected to increase among nurses (it now averages 250-300 per month); release of nurses under the Army's demobilization plan will require replacements to fill quotas.

## ANC RESPONSIBILITIES

A new ruling (ASF Circular No. 108, dated 26 March 1945) concerns the type of nursing "assistants" may do in Army hospitals. Because Army nurses are responsible in the absence of a doctor all ward workers are now under direct supervision and control of the Army nurse.

## EDUCATION

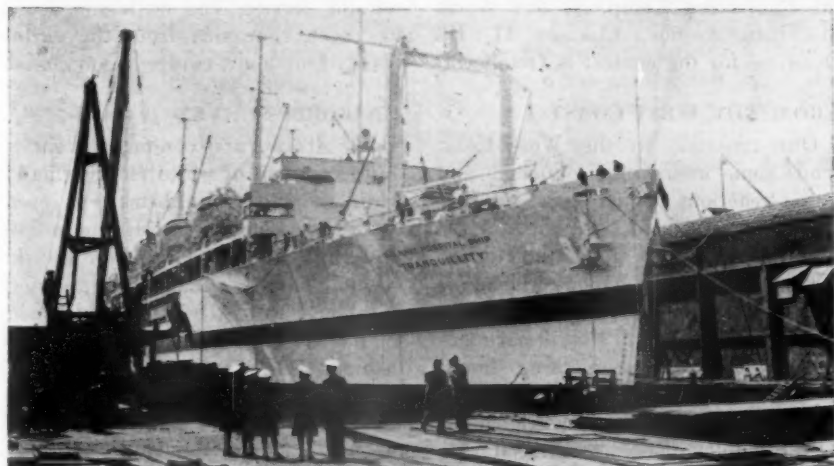
The American Association of Nurse Anesthetists now requires a qualifying examination for all who apply for membership. The examination will be given in cities convenient to the applicants. The first examination is scheduled for June 4, and the next is expected to be sometime in September . . . A number of the Service Commands have instituted three month training courses in neuropsychiatric nursing schools. Enrollees are volunteer Army nurses and a certificate is awarded on successful completion of the course. Other Commands are preparing to conduct similar courses . . . A new basic degree course at the University of Washington does not replace the regu-

lar four year course but is for those not holding a degree. It will give the same benefits as the Cadet nursing program, by which the government will pay all professional expenses and a monthly allowance, if the student prefers to sign as a Cadet.

### ??? DID YOU KNOW ???

Preparation for entrance into approved schools of physical therapy requires graduation as a nurse, or physical educator, or two years' college training including biology and other basic sciences. There is a critical shortage of qualified physical therapists which endangers proper care of infantile paralysis victims and the National Foundation for Infantile Paralysis has appropriated funds for training these vitally needed specialists. Application for scholarships should be made to The National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N.Y. . . . In line with the program to

rehabilitate and refurbish the Army's general hospitals, convalescent hospitals and cantonments, the Office of the Chief of Engineers has selected a new standard color scheme for both interior and exterior painting . . . A standard radio program distribution system for installation in all general hospitals in continental U.S. has been developed by the Signal Corps. It consists of a central control console and necessary amplifier equipment to provide four simultaneous program channels, being so arranged that any type of program except television may be received and rebroadcast. Special provision has been made for the pickup of bedside interviews for broadcast and for "live" shows which may originate in any part of the hospital . . . A specially designed box made of wood makes it possible to drop bottles of blood plasma without a parachute from 10,000 feet without breaking . . . Industrial Hygiene Division of USPHS had made industrial dentistry and nursing separate



*Third of six new hospital ships built for the Navy the U.S.S. Tranquility is admired by four of her nursing staff.*



units. Miss F. Ruth Kahl is Chief of the Nursing Unit. These activities will now have organization status parallel to the medical, engineering, chemical and statistical activities of the Division . . . Sampson Naval Training Center Hospital has been chosen as the eastern tuberculosis center for the Navy. A similar center for west of the Mississippi has been established at Corona, California . . . Thirty-five officers of the ANC recently graduated from Army Air Forces School of Aviation Medicine, Randolph Field, Texas,

### CONTEST

*Modern Hospital* announces a competition open to nurses. It is in the form of essays on the subject "A Plan for Improving Hospital Treatment of Psychiatric Patients." Essays must not exceed 5,000 words in length and must be double space on one side of sheet, and an original and two legible carbon copies submitted. The first prize is \$500; second \$350; third \$150. For further information write to the Managing Editor, The Modern Hospital Publishing Company, 919 North Michigan Avenue, Chicago 11, Ill. Deadline for the contest is October 1.

### FROM THE WEST COAST

Our reporter on the West Coast sends some interesting comments and nurse reactions. She quotes a hospital department head as saying, "While we are getting some good students, we are getting a lot of lemons who never will make nurses. About one student in four who comes to this department is of no help to us. Something should be done to improve the selection of students. Perhaps too many are caught by the glamor of the uniform, and do not know what nursing really is."

An Army nurse said about free time activities of nurses: "They sit around

and get bored and quarrelsome when they could go out and have a good time."

The West Coast was especially concerned about the Japanese suicide plane that plunged through three decks of the hospital ship *U.S.S. Comfort* off Okinawa. Two Seattle girls, Lieut. Ruth D. Lewis, ANC and Barbara Munter, ARC were feared lost or injured. However, since first reports the newspapers have carried reassurance that they are safe. Four Army nurses lost their lives in the crash.

The University of Washington, Seattle, has planned an institute for discussion of nursing care of the eyes, especially for public health and industrial nurses. Undoubtedly the subject of "shipyard eyes," a condition that has caused considerable discussion, will be included in the institute.

Up and down the West Coast the Red Cross has given added attention to home nursing classes. An instructor's conference will be directed by Miss Lois Goodman, nursing field representative of Red Cross Pacific Area nursing service. The six lesson course has been shortened from the earlier twenty-four hour, twelve-lesson course.

### UNIFORM SURVEY

*The Army Nurse* conducted a survey on the subject of white vs. brown-and-white seersucker uniforms. Of seventy-three percent answering, the nurses preferred the non-whites "for the duration." They felt that they were more durable, more easily laundered, easier to pack, in harmony with wartime fashions and attractive with matching jacket. On the other side of the picture some of the nurses were explosive in their belief that the white uniforms should return. They give as their reasons lowering of morale and loss of a symbol of the nursing profession.

R.N.



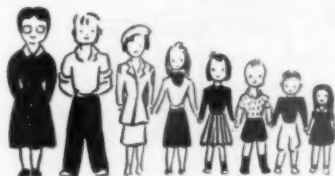
## WOMEN WHO NURSE

### ***Edna Streb, R.N.***

**BY FLORENCE PFISTER, R.N.**

**I**T is with considerable civic and personal pride that we give you the success story of an active Business and Professional Woman's Club member who is going places in the world both professionally and socially.

Ladies—Mrs. Edna Streb, R.N., devoted wife, mother of seven children and Dover's City Health Nurse. Should you think that isn't enough to keep one woman busy she is also President of District No. 1, Ohio State Nurse's Association, Instructor of Red Cross Home Nursing for both High School and adults, serves on Ohio No. 1 District Nurses Procurement and Assignment Committee, and gives lectures on the Kenny treatment for infantile paralysis both in and out of town. Mrs. Streb is active in recruiting medical technicians for the War to serve in Military hospital and is a member of



the Christian Mothers Confraternity of her church.

Born in Kentucky she graduated from nurses training at St. Mary's Hospital, Evansville, Indiana in 1919.



"Too late," she says regretfully, "to get overseas in World War I."

On a Sunday evening about twenty-one years ago Louis Streb, a jovial young steel worker and mutual friend, called on us and proudly presented his fiancée, Miss Edna Greenwell, who had been serving Tuscarawas County as Metropolitan Insurance Company nurse for the last two years. We saw a rather tall girl, demure, blue eyed, with honey brown hair and a radiant smile which displays, even today, teeth that irium could feature with honesty and praise with purpose. This paragon of pulchritude merely presaged an equally charming personality and you shall be the judge as to whether her character measures up to its wrappings.

Shortly after we met her, Edna and Louis were married and for about two years she continued to work as Metropolitan nurse. Then followed a period in which Edna Streb was kept busy doing housework and having babies

June, 1945

with one hand, while helping at the local hospital and on private duty cases with the other.

In October 1931 when the twins were about thirteen months old the Strebs were in an automobile accident which resulted in a broken collar bone and various fractured vertebrae for Edna, and complications intervened due to the fact that she was pregnant. What to do? The extreme danger to her life was gravely weighed and a therapeutic abortion was considered as a last resort.

It so happens that Edna's conscience, despite the pleadings of well meaning professional and personal friends, would not permit her to countenance abortion, even therapeutic! If you think that didn't take courage imagine yourself pregnant, your neck and back half broken, lying in a hospital bed, sick, scared and hurting all over, faced with the fact that probably

you'd never live through bearing a child under those conditions! However, with the courage of her convictions, her indomitable sense of humor, and an imperfectly mended body she not only had her baby seven months later but gave birth to another child before completing her family of seven.

Who could be better fitted for handling other people's babies, attending a city's unfortunates and caring for the sick in general than a woman of Mrs. Streb's capabilities? An opening as Public Health Nurse with a desk in City Hall, regular hours and salary would be available soon and Mrs. Streb was the logical applicant for the position except that her college requirements were inadequate. Nothing daunted she secured her sister as housekeeper and took the necessary post-graduate courses at Cleveland's Western Reserve in the summers of 1940 and 1941. [Continued on page 82]

## Probie



"I can't wait until 'G' day."

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# Food Problems in the Tropics

BY CAROLYN VALENTINE, B.S.



UNBELIEVABLY blue waters and a tropical, lush vegetation of myriad colors makes the "first tripper" gasp. Surely this is heaven! Nature has outdone herself in providing a wild beauty. But life in the tropics must be met by a practical, commonsense attitude.

Ordinary rules of hygiene should be revived, then adhered to more severely than any temperate zone demands. As vegetation flourishes, so do pitfalls of health, and, both quality and quantity of diet is of real importance.

Stitt believes that heat-producing starches and sugars should be restricted but proteins should be eaten freely. Johnson suggests that the same qualitative diets are needed in the tropics as in other areas but that the climate does effect quantitative ingestion. Continuous perspiration leads to depletion of body resources, anorexia is common, especially in women, and heat demands increase the need for specific nutrients. Heat, humidity and fatigue combine to increase loss of appetite and result in malnutrition. Snacks of highly spiced or flavored foods may beckon but they are poor habits to acquire. For those actively engaged in jobs of war the diet should provide enough to achieve and maintain the highest possible physical fitness. Even the strongest man will succumb to a continuously poor diet.

The great bulk of water lost through sweat (about one liter per hour in an active man) must be replaced or it will

lead to ineffectiveness, rapid exhaustion and dehydration. Despite its attractiveness ice water is taboo and too large amounts of water at any one time will decrease muscular activity. Before starting on hikes the Army rule is that the men should drink as much water as they wish and then consume the contents of their canteens during the noon and evening halts.

Protein needs are about the same in temperate or tropical climates and



high protein diets seem to have no deleterious effects in the heat. Loss of nitrogen in sweat is small and is compensated for by lowered excretion in the urine.

Fats are not very palatable to most Americans so they tend to restrict them to low levels. However, our Latin American and Mediterranean friends eat large amounts of vegetable fats with no apparent ill effects. Carbohydrates, aside from heat-producing qualities may give rise to gastric distress but even 100 grams per day will prevent nutritional ketosis.

Inorganic salts are lost through

[Continued on page 56]

# Motherhood Becomes a Craft

BY ELSA GIDLOW



"**M**OTHERS and Babies are Canada's Greatest Assets." So reads the slogan of the Canadian Mothercraft Society, an organization similar in aim to America's Well Baby Clinics.

The Canadian Society is modeled on the original Mothercraft, founded in New Zealand by Dr. Truby King in 1907, and primarily instrumental in reducing New Zealand's infant mortality rate from eight-four per thousand live births to thirty per thousand. Toronto is headquarters for the Canadian Mothercraft Society but the work is spreading to other parts of the Dominion and also to the West Indies.

R.N.'s are chief protagonists in Mothercraft. They counsel mothers-to-be and mothers, train the Well Baby nurses who later take the system into private homes, and operate Advice Rooms and a Well Baby Hospital. The objective, as defined by the Society, is "the development of the craft of motherhood to the point where all women may understand the proper care of themselves and their children before and after birth." Obviously, it operates on the sound theory that knowledge of prenatal, infant and child care is not instinctive, but acquired.

To Barbara Robertson, a registered nurse from New Zealand, go the honors for starting the Society in Toronto in 1931. It began in a small rented building which functioned as a training center for graduate and Well Baby

nurses but, in little more than a decade, has expanded into a lusty organization. Today the Society owns a splendidly equipped Well Baby Hospital, its own Headquarters and Registry, and operates seven district Advice Rooms in various parts of the city. In spite of this sturdy growth, Mothercraft sponsors feel that the work has barely begun.

Headquarters is a creeper-covered, three-story brick building on Bloor Street in Toronto. Here expectant mothers and mothers come for the advice and guidance offered by five registered nurses under the direction of Grace Bain, R.N., District Supervisor, and Elva Hewitt, R.N., Pre-natal Supervisor. Three attractive and home-like consultation rooms are available where mothers may have privacy and quiet in discussing their problems. There is no charge for this service, although clients who so desire may pay a five dollar annual membership fee to the Society or make a donation to further the work.

"The basis of Mothercraft is nutrition," says Miss Hewitt, "but because the brain and nervous system develop early in life, we also stress the mental, nervous and psychic aspects of infant and child care."

Habit training and character formation dovetail with education in sound, simple and natural nutrition in the Mothercraft System. Breast feeding is



*With the aid of their mother Miss McFadden weighs twins.*



*Nurse Bain uses a doll to demonstrate putting baby to bed.*

given an emphasis that some laymen think approaches the fanatical, and great effort is exerted to have every mother nurse her infant, even if a supplementary bottle feeding is necessary. A motto in considerable evidence at the Society, is "Breast-fed Is Best-fed!"

An important section of headquarters, therefore, is the Breast-test Feeding Room where nurses instruct new mothers in "natural feeding," as they call it and, if necessary, supervise re-establishment of breast milk.

*June, 1945*

Here, too, the uninitiated may learn how to make up a bassinette and dress a baby. A doll is utilized for demonstration purposes and mothers are instructed in the necessary requirements for equipping the baby and his bed. Frills and furbelows are discouraged; simplicity urged. Miss Hewitt realizes that many prospective mothers are over-sold on elaborate and unnecessary baby products.

"Too much equipment merely complicates the mother's job," she says. "We believe in keeping it as easy and natural as possible."

Mothercraft Headquarters also has a baby weighing and checking room; a spacious nursery; the Well Baby Registry; business offices; and dressing and rest room. The upper floor is now being prepared as living quarters for the nurses working at the Well Baby Hospital. Headquarters and district nurses do not live in.

The Hospital, better known as the Centre, has boarding facilities for about twenty-five to thirty babies living in, and an average of twenty-five pre-school day nursery children. At present, three graduate nurses, five Well Baby nurses, and between twenty-five and thirty students staff the Centre. The Centre is also a training school for Mothercraft nurses and this is considered one of the most important phases of the work. It trains post-graduate registered nurses in Mothercraft, and non-registered girls to be Well Baby Nurses. The former is a four-months course, training fee \$100, and qualifies the R.N. to teach the system. The latter is a twelve-month course, fee \$350, and qualifies girls with no previous experience as Well Baby Nurses.

The stated objective of this training is to fit girls for motherhood but, until they marry, they go to work for Moth-



ercraft clients. They are qualified to care for the normal baby, the premature baby, and the normal child. They may not give nursing care to any baby suffering from a definite illness, excepting simple digestive upsets. When she goes to work in a home, at \$21 a week and expenses, the Well Baby Nurse is responsible for the baby, his clothes and room, and her own room. Occasionally she assists with the care of other children in the household.

The Mothercraft course for both graduate nurses and Well Baby Nurses includes the following: hygiene of pregnancy; natural feeding; regulating and reestablishment of breast-milk; care of the normal child; over-feeding and underfeeding; care of the premature infant; caloric estimation (Truby King's method); food and its uses; bowel regulation in infancy; deficiency diseases; skin rashes common in infancy; elementary anatomy and physiology; venereal disease and its prevention. A grounding is given in bacteriology, infectious diseases, aseptic and antiseptic techniques, and prevention of dental caries and eye disease. Miss Hewitt, the instructress, is aided by guest specialists in mother and child care. Supervision of all practical work is under the direction of Beatrice McFadden, R.N., superintendent of nurses.

The Centre does not admit babies suffering from organic or infectious diseases. It takes care of those who are dietetically upset, prematures, those who need habit training, and some whose mothers have died at birth or are temporarily unable to care for them.

The Centre has a medical chief, Dr. Luke Teskey, who is consulted when an infant is ill or his diet seriously upset. Most of the Mothercraft work, however, is done without the super-

vision of doctors. The Society's attitude is that motherhood and child care are *normal* processes, rarely connected with sickness. Nurses are thoroughly trained, however, to recognize the need for medical care and recommend it if there is the slightest signs of illness.

Miss Hewitt, who is a licensed midwife says, "Every mother is urged to get in touch with her doctor early so that she may be under constant medical supervision."

Some new mothers, who take their jobs seriously, go to the Centre for several days' intensive training. The majority pay regular rates but a few receive government aid for this purpose. Here they are instructed in care of the baby, in feeding problems, weaning, or establishment of breast feeding.

Trainees come from all over Canada to this Centre, and also from the West Indies. Postgraduates nurses come to learn the Mothercraft system, then return home and teach others. The majority of students are from the Province of Ontario. The fame of the graduates has spread and many more requests come to the Registry than can be filled.

During the past year, in Toronto, over 1,500 mothers were given nursing care and education in Mothercraft, both at district Advice Rooms and in their homes. Two-thirds as many had to be refused attention because of insufficient funds to train nurses. The Society has many enthusiastic sponsors, however, among them Princess Alice, Countess of Athlone, who are confident that this splendid endeavor to improve the nation's health will continue to thrive.

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## In Review



### THE TECHNIQUE OF BANDAGING AND SPLINTING

*Including Sections on Slings and Adhesive Plaster Strappings.* By Arthur M. Tunick, Major, Medical Corps, AUS. Illustrated by Guy Brown Wiser. Essential Books, New York, N.Y. 1945. \$3.00.

- A comprehensive survey of modern methods for dressing and transporting the injured on the home front and the wounded at war. The author is a medical officer of wide experience.

### G. I. NIGHTINGALE

*The Story of An American Army Nurse.* By Theresa Archard, Captain, A.N.C. W. W. Norton & Co., Inc. 1945. \$2.50.

- The story of one nurse against the background of North African and Mediterranean campaigns. The story is filled with humor and some of the grimness of war. An inspiring chronicle.

### THE NEW-BORN INFANT

*A Manual of Obstetrical Pediatrics.* By Emerson L. Stone, M.D. Third Edition. Lea & Febiger, Phila., Pa. 1945. \$3.25.

- This revised edition reviews the accepted principles and emphasizes practices of proven value. It incorporates the added knowledge of the past decade in this field. An excellent résumé.

### JOBS FOR THE PHYSICALLY HANDICAPPED

By Louise Neuschutz. Bernard Ackerman, Inc., New York. 1944. \$3.00.

- A book designed to present opportunities available to civilians with a

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physical handicap, and to offer to the wounded veterans the hope and means of rehabilitation for a useful life. The author herself has worked under the handicap of deafness and has become a leader in the work of providing opportunities for all. A list of vocations for the handicapped with details of training is especially interesting.

#### THE OUTLOOK FOR WOMEN IN OCCUPATIONS IN THE MEDICAL SERVICES.

*Published by U.S. Department of Labor, Women's Bureau, Washington, D.C. Bulletin 203, No. 1, and Bulletin 203, No. 2.*

- The first bulletin in this new series deals with physical therapists, the second with occupational therapists. Both booklets are of interest to anyone contemplating work in these fields. Requirements, opportunities, wage scales etc. are clearly discussed.

#### ARITHMETIC OF DRUGS AND SOLUTIONS

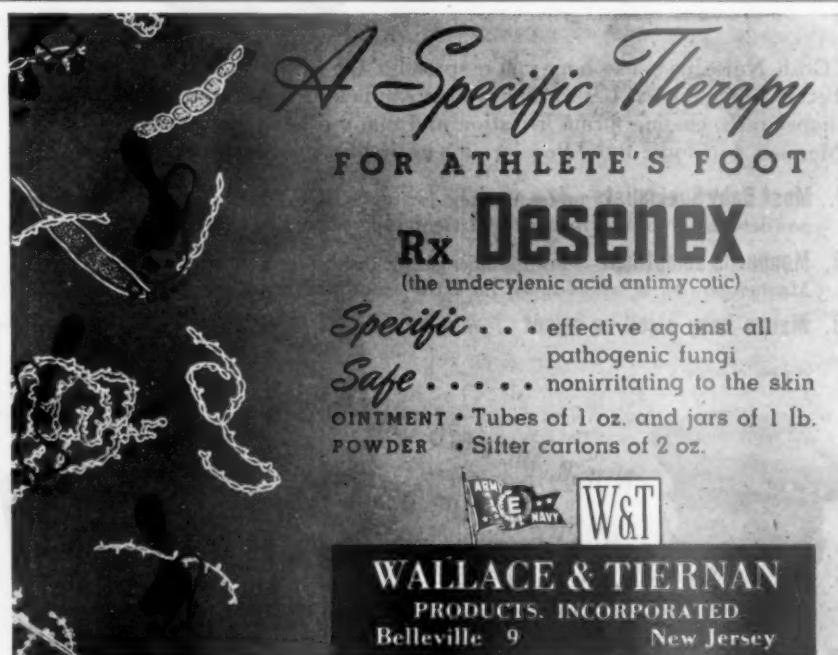
*Simplified Workbook Material Applied to Nursing. By E. Justin Hills, PH.D., and Angeline Polley, M.S., R.N. W. B. Saunders Company, Philadelphia, Pa. 1945. 75c.*

- An up-to-date presentation of arithmetic methods and their application to the study of drugs and solutions. Unbound, for use in ring binder. Answers are given for all examples and skill tests.

#### THE AVITAMINOSES

*The Chemical, Clinical and Pathological Aspects of the Vitamin Deficiency Diseases. By Walter H. Eddy, PH.D. and Gilbert Dalldorf, M.D. Third Edition. Williams and Wilkins Co. 1944. \$4.50.*

- This edition of the volume has been rearranged to sharpen the separation between the deficiency diseases and the chemical nature and functions of the vitamins.



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## Food in the Tropics

[Continued from page 47]

sweat but only sodium chloride excretion is rapid enough to be a potential danger. Heat cramps, poor performance and predisposition to heat exhaustion may result from extreme salt deficiency. Excretion rate varies and one of the best ways to avoid trouble is by adequate intake of salt with the food and supplementation by salt tablets under extreme conditions or when abstaining from food. But, again, beware. Too many salt tablets may cause gastric distress so stick to the salt with meals if possible. Stitt recommends approximately two teaspoons of salt daily for those who are active—with plenty of water.

Several studies have failed to give conclusive evidence that water-soluble

vitamins, such as B and C, are lost in any serious amounts in sweat. While vitamins are found in perspiration the amount is far less than the normal loss on the same day in urine and the amount is not sufficient to adversely affect anyone if the dietary intake is adequate. Rickets, a vitamin D deficiency, is almost totally unknown to the tropics; C avitaminosis does not occur until after months of depleted diet.

Total caloric intake should be maintained, not necessarily daily, but rather on a weekly or monthly basis. There is almost universal loss of weight paralleled by fatigue during the first three months in the tropics yet in spite of this many improve in physical fitness.

Palatability is a tropical problem. Some of the native foods look mighty appealing, and, although natives usually know those that can be eaten, it

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is well to hesitate before plunging into a feast of the unusual.

Putrefactive changes are more rapid in the warm climates, especially in protein foods so toxin producing bacteria grow more rapidly in meat, fish, milk and even in canned foods. Storage, handling and preparation of foods are important and those with even a hint of spoilage should be rejected. Fresh foods may cause gastrointestinal upsets so discretion may be the better part of valor—use the canned and dehydrated products.

In many parts of the tropics dairy products are scarce, with the exception of milk from goats, buffaloes or sheep. But, are they clean? Unfortunately in the light of our own sanitary codes most of them are not. It is best to boil or pasteurize fresh milk and cream and cool it quickly unless the source is

known to be inspected. This also applies to dairy products used for ice cream or fruit juices and water for ices. Powdered milk is not as palatable, but it is safe. Be sure that unused portions are sealed with a tight cover to protect against moisture and the ever-present insects. If butter sources are doubtful it is far wiser to use the canned variety or oleomargarine. Hard ripened cheeses are safer than the soft curd types.

Vegetables or garnishing greens are never eaten raw for even if dipped into a weak solution of permanganate of potash they cannot be considered safe. Tomatoes should be dipped in boiling water to remove the skins. Fruits, so varied and delicious, should be treated as vegetables if they grow near the ground and those growing higher should be peeled at the table. Food



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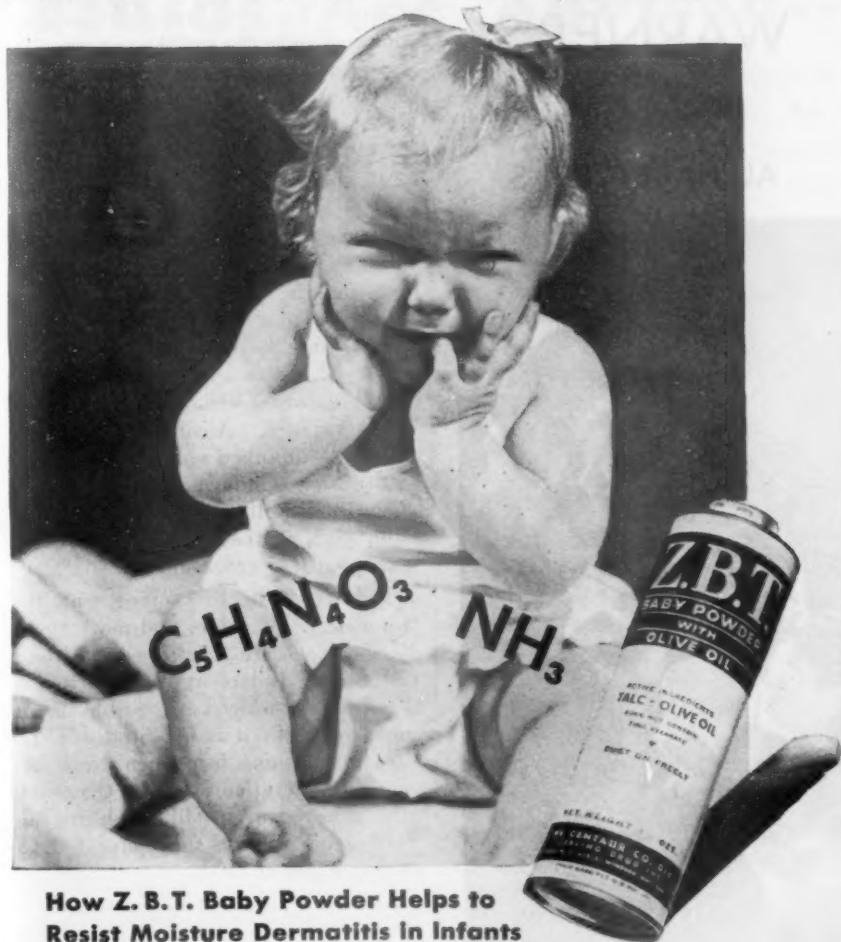
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handling habits of the natives leave much to be desired, so it is well to guard juicing of fruits too, in fact do it yourself. Use these fruits with moderation, eat only the well-known ones for some of the most tempting are poisonous. Bananas, cocoanuts, pomgranates, dates, avocados, papayas and pineapples are old standbys and quite safe.

Bottled waters are best unless the supply is rigidly supervised. If in doubt boil water each day or chlorinate it. Inspect or supervise this yourself for natives may be careless with cleanliness of vessels and they do have peculiar ideas about the value of dark, muddy water. This also applies to ice for unless it is clean it will contaminate foods or beverages. Alcoholic beverages should be imbibed sparingly, and not until after sundown. Strong liquors should be well diluted and not too cold, even if they are more inviting with plenty of crackling ice.

Fish are quite in keeping with the tropical riot of colors and most South Pacific types are safe to eat but their taste varies. Judgment of the natives in determining which are edible is of some help, but it is not infallible. Be sure to consume fish when fresh because deterioration is rapid. Occasionally, however, even edible fish are unwholesome because they have fed on certain kinds of foods.

The meat situation in the tropics is not too promising for most Americans do not become attached to camel or goat meat. Internal organs of animals are often diseased and fresh pork may be infected with trichinae. Poultry do not thrive well in the warm climates for they are prone to disease and the limited number may be of the emaciated variety and border on the tough. Some of the wild animals are fit for food but it is not advisable to go native and eat some of the insects, snakes and other

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reptiles that they may enjoy. Dr. Russell M. Wilder suggested that ant eggs, grasshoppers, crickets and snails might serve very well as substitutes for beefsteak but he does not suggest that we go right out and start to eat them. He gives instances of the Bushmen who consider termite eggs very appetizing and of a large white grub, found in the pith of palm trees, which when toasted, tastes like roasted chestnuts. So say the West Indies natives.

Ginger paralysis results from drinking Jamaica ginger or the extract. Water hemlock, a species of parsley, may be mistaken for parsnips, artichokes or other roots but the effects are serious. Mustard oil, sometimes used in preparation of curries in India, may cause a condition that resembles beriberi and it has a cumulative effect. Unripe persimmons may coagulate when coming in contact with the hydrochloric acid of the gastric juice and the pieces gum into a firm mass of pulp. The Jatropha or physic nuts of India and the West Indies cause severe gastrointestinal irritation, not unlike croton oil. A similar condition has been noted in Tanganyika from ingestion of nuts of the coral plant. The Manchineel tree of the West Indies has a fruit resembling crabapples, but alas, its effects are sometimes fatal. All parts of the tree are so toxic that even rain dropping through the leaves will cause a skin irritation. Jenkol poisoning of the Dutch East Indies comes from a bean of that name and minute amounts will give a characteristic odor to urine and breath. Larger amounts may cause colicky pains that resemble peritonitis or kidney stones.

Foods cause some very peculiar diseases in the tropics. There is Atriplicism of North China thought to be caused by a small insect found on weed-like vegetation. Favism may be

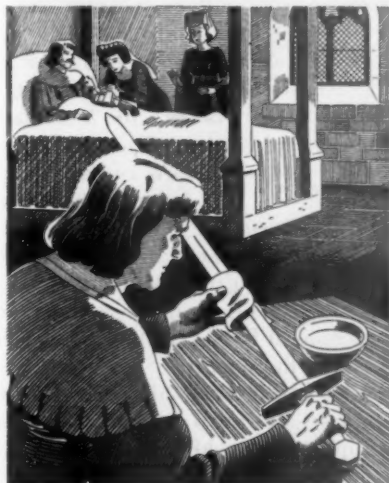
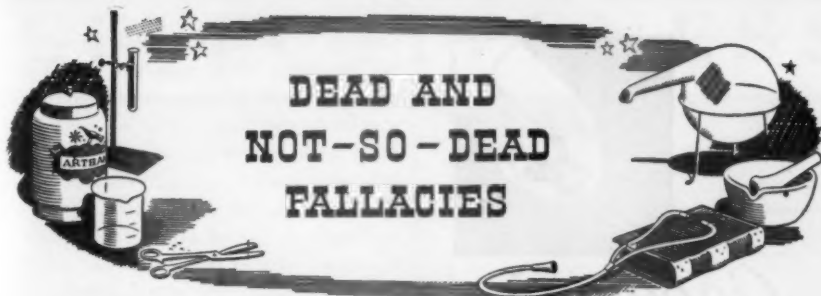


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**DURING THE LATE** Middle Ages "weapon ointment" was used to help heal wounds. It was derived from blood, or eunuch's fat. The ointment was spread on the weapon only. The wound was washed and bandaged. The ointment on the weapon was supposed to speed healing.



**"YOU MUST COOK** canned foods because they are raw" say some uninformed housewives. As a matter of fact, canned foods are processed by heat at controlled temperatures higher than those available in the home!

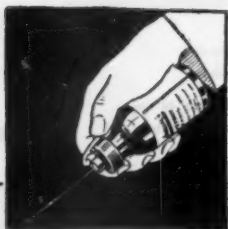
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Beauty Aids at Drug, Department or Ten Cent Stores. HINZE AMBROSIA, 30 Rockefeller Plaza, New York City.

**AMBROSIA**

caused by eating the fresh fava beans or, for some, even exposure to the odor of the plant blossoms. This allergic syndrome is found rather widely in Italy and causes an acute febrile anemia with jaundice. Lathyrism is a form of spastic paralysis due to eating large amounts of bread made from flour of the chick pea or other types of vetches. Milk sickness can attack cattle after ingestion of a type of goldenrod. If man uses the milk or butter he suffers a toxic condition with acidosis.

The vomiting sickness of Jamaica, a disease of the West Indies, is due to eating unripe "ackee," the local name for the sapida plant. When fully ripe, however, it is harmless and a very valuable food. The bitter cassava contains a glucoside which, in the presence of water, sets free hydrocyanic acid. But, this can be avoided by scraping the tuber, grating it and then squeezing it free of the milky juice and washing thoroughly.

This we do know about food in the tropics—all foods should be given scrupulous washing, scraping and trimming and elaborate precautions taken to observe all rules of cleanliness. To promote good digestion, avoid excessive fatigue, eat slowly, chew thoroughly, ingest an adequate amount of liquids and take regular exercise. The luxuriance, variety and richness of coloring, so characteristic of tropical vegetation, may beckon but if in doubt, pull in your belt and stick to the old GI ration.

[Send stamped, addressed envelope for a bibliography on the facts discussed in this article.—THE EDITORS.]

An entry in the inventory of Charles V notes, "An oval Oriental Sapphire for touching the eyes, set in a band of gold." Such was the method of removing foreign bodies in those days.

R.N.

# EFFECTIVENESS



## AND ECONOMY *in hemorrhoidal therapy*

Two therapeutic principles in the medical treatment of hemorrhoids—*analgesia and antiseptis*—are provided by UNGUENTINE RECTAL CONES. Under their influence, pain and discomfort are quickly relieved, and antiseptic action helps reduce inflammatory complications.

Because medical treatment of hemorrhoids is usually protracted, the *economy* of UNGUENTINE\* RECTAL CONES is second only in importance to their effectiveness.

*They do not place undue strain on the financial capacity of the patient.*

### Unguentine Rectal Cones

**For relief of pain in the treatment of hemorrhoids**

*12 in package. Trial package  
free to nurses upon request.*



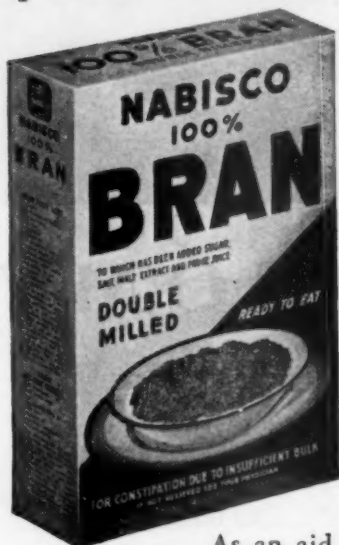
THE NORWICH PHARMACAL COMPANY, NORWICH, NEW YORK

UNGUENTINE RECTAL CONES are composed of Piperidinopropanediol Di-Phenylurethane Hydrochloride, for analgesia; Anhydro-Para-Hydroxy-Mercuri-Meta-Cresol, for antiseptis; boric acid and mentholated cocoa butter base, for emollient, soothing and antipruritic effect.

\*T. M. Reg. U. S. Pat. Off.

June, 1945

*When DIET-BULK is  
lacking... here's this  
pleasant-to-eat cereal*



As an aid in counteracting constipation due to insufficient bulk, physicians often suggest Nabisco 100% Bran. It is so palatable, so easy-to-take, either as "crunchy" breakfast cereal, or in muffins and cookies.

Nabisco 100% Bran contains all the nutritive factors of the whole bran—the valuable phosphorus and iron, and the important Vitamin B<sub>1</sub>.

By finer-milling, Nabisco 100% Bran particles are broken down,

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MILLED.**

*to make  
bran particles  
smaller*

made smaller. Mild, gentle in action.

Sold in pound or half-pound packages in foodstores.



**BAKED BY NABISCO  
NATIONAL BISCUIT COMPANY**

## Public Relations

[Continued from page 35]

what preparation is necessary for nursing.

2. The public does not appreciate the professional standing of the group.
3. The public does not understand the difference between a registered nurse and a practical nurse.
4. The public believes that the nursing profession has let them down during the present emergency.
5. Nursing is a commodity essential to community welfare, but the public and the community have been unwilling to pay for and support this commodity.
6. Nursing organizations place more emphasis on their professional recognition and status than their economic status.

As the health editor of one newspaper put it, "The nursing profession has been sold to the public, historically, as consisting of a group of self-sacrificing young women, who want to help suffering humanity as a religious duty. The public doesn't regard it as a profession so much as a sisterhood... The idea that nurses must eat has never penetrated the public mind."

Another group interviewed, blamed actual conditions involving educational practices and professional leadership. They felt that:

1. Nursing education is narrow, based exclusively on medical science and nursing skills.
2. Education in schools of nursing should be broadened to enable the student to become culturally rounded and capable of accepting her place in the community.
3. The development of psychosomatic and preventive medicine will

# DEPENDABILITY

## in a vitamin-mineral supplement

VIMMS meet the American Medical Association's recommendations for compounding multi-vitamin formulas

AMA Adult Minimum Daily Requirements		VIMMS (3 tablets)
4,000 USP Units	A	5,000 USP Units
1 mg.	B <sub>1</sub>	1 mg.
2 mg.	B <sub>2</sub> (G)	2 mg.
600 USP Units	C	600 USP Units
400 USP Units	D	500 USP Units
10 mg.	NIACIN	10 mg.
<p>In addition, Vimms supply the minerals most commonly deficient in the average diet.</p> <p>CALCIUM . . . . . 375 mg.            PHOSPHORUS . . . . . 250 mg.            IRON . . . . . 10 mg.</p>		

### RECOMMENDED PRESCRIPTION

The Council on Pharmacy and Chemistry and the Council on Food and Nutrition of the AMA "believe that the amounts of vitamins in mixtures should bear a relationship to the normal daily requirements. The physician then may prescribe amounts of these vitamins which would bear some simple relationship as a fraction or a multiple of the estimated daily requirements."<sup>\*</sup>

Three Vimms a day are calculated to raise the vitamin-mineral levels of the average diet up to or above the Recommended Daily Allowances of the Food and Nutrition Board of the National Research Council.<sup>\*\*</sup>

### POTENCIES CONTROLLED • AVAILABILITY ASSURED • STABILITY GUARANTEED

PROFESSIONAL SUPPLIES of Vimms are available on request. Write to Pharmaceutical Division, Lever Brothers Company, Dept. RN-17, Cambridge, Mass. (Offer good in United States only.)



The six vitamins in the Vimms formula are the only vitamins known to be essential in the human diet. Other vitamins have not been included because either their functions in human nutrition have not been fully established or they have not been shown to be deficient in the diet.

### MINERALS ADDED . . .

In addition, the National Research Council has recommended daily allowances for certain essential minerals. When three Vimms a day are added to the average diet the resulting mineral intake (as well as the average vitamin intake) equals at least these Recommended Daily Allowances of the N.R.C.

<sup>\*</sup>The Proper Use of Vitamins in Mixtures. Jour. of the American Medical Assoc. Vol. 119, No. 12 (July 18, 1942).

<sup>\*\*</sup>Recommended Dietary Allowances. Nat'l Research Council Reprint and Circular Series No. 115 (January, 1943).



# NURSES! **FREE** *for Your* **PATIENTS!**

Convincing trial packages of Poslam *Free* upon your request! Try this soothing, cooling "Ointment without Disappointment" . . . at our expense! We'd like to prove to you . . . and to your patients . . . that Poslam is *exactly* the right medicated formula for:

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- Chafing, chapping ● Diaper Rash
- Red, scaly skin    ● Surface Pimples
- All Minor Skin Irritations



## SUSTAINED EFFORT

is as essential in the office as in any employment. It is important that records keep pace with production. The performance of this task is dependent upon normally functioning organs.

## HAYDEN'S VIBURNUM COMPOUND

(Antispasmodic and Sedative)

has contributed to feminine well-being for more than three-quarters of a century.

In these times of stress, HVC is more than ever appreciated by your patients.

Literature **HVC** on Request

**NEW YORK PHARMACEUTICAL COMPANY**  
Bedford Springs      Bedford, Mass.

create an inevitable need for high-quality nursing service in the immediate future.

4. The demand for good nurses in industry and in public health will be great.
  5. The age for admission to schools of nursing should be more than eighteen to insure individuals who are more mature emotionally.
  6. The leaders of the profession are out of step with the times. There is a dearth of competent teachers of nursing, and there is lack of uniformity in educational requirements of different nursing schools. There is need for more effective organization in general.
  7. Qualifications for nursing tend to underestimate the necessity for kindness, tenderness and human understanding.
  8. Military discipline is essential in a profession dealing with life and death, but it must not create subordinate individuals who cannot think for themselves.
  9. Individuality must be preserved.
  10. Institutional life during the nursing career limits contacts with the outside world and makes the individual unable to cope with community life.
  11. Dissatisfied workers exist due to heavy responsibilities accompanied by low incomes and lack of provision for security in old age.
- "It is useless," said Mr. Bernays, "to deal with problems on a basis of what you *think* you know, or of what you *feel* you will have to do. Your attitudes and actions should be based on findings of definite facts. Sound public relations is a two-way street. It demands not only a change in the public's attitude and action, it often demands a change in the group wanting its public relations bettered."



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**begins in 10 minutes**

with a simple 6 gr. tablet of  
1/24 gr. ephedrine hydrochloride, NaCl,  
NH<sub>4</sub>Cl, KCl.

**O**F course, you don't believe it and  
neither did we until we were con-  
fronted with repeated clinical proof and  
then for three years—repeated, increas-  
ing sales to doctors.

**C**HECK this tablet for yourself, as we  
have done and let results convince  
you.

*"Trial is proof"*

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Orangeburg, N. Y.

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## **Nurses Under Fire**

[Continued from page 33]

That impulse sent her crawling through the smoking debris, giving morphine to those in greatest agony, making splints out of bricks she pulled up out of the ruins, clawing rubble off bodies with her bare hands.

"There was an M.P. captain and two enlisted men stationed in that building," Lieut. Stoops told me. "I knew them because they had gone after Christmas decorations for the hospital and the captain had talked a local burgomeister out of some special trimmings for our six-foot tree. First I found the captain. He was dead."

They got the two enlisted men out of the wreckage but both were badly injured. One died before he reached the hospital and the other a day or so later. "It didn't seem possible. Only the day before they were kidding me about not having enough ornaments for such a big tree . . ."

Civilian women and children were caught in this hit. "Their cries," said the lieutenant, "were fearful and it just about broke my heart to know there wasn't anything I could do for them."

Lieut. Stoops did what she could to ease the pain. Then one of her officers discovered her and "blew his top," as she puts it. "They loaded me into the ambulance with some of the women casualties and sent me back to the hospital. Jerry came over again and strafed as our ambulance crawled back along the street." No one was injured in the strafing, but the hospital was full to capacity that night with bomb casualties.

"That's about all there was to it," she added nonchalantly, "except that I got an awful bawling out when I got back to the hospital!"

R.N.

W. N. BARRINGER, M. D.  
NINETY RITTENHOUSE PLACE  
HILLSBOROUGH, ILLINOIS

Feb. 2 '45

B.  
Nurse-

Tell the patient to gargle  
'S.T. 37' at least three times a  
day. This should clear her throat  
up very soon.

B.

TELEPHONE ARDMORE 1927

NARCOT

# New WHITE ROCK UNIFORM STYLES... *all with grippers*

OFFERED AT OUR PREWAR BUDGET SAVING PRICE OF \$2.98, these smart, washable, wear-resistant uniforms have been created to add other distinctive notes to the nurse's wardrobe. Modified government restrictions now permit the use of grippers—which are incorporated from waist band to hem—at no extra cost.

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**STYLE 202**  
...for short sleeves  
order Style 203.  
Sizes 12 to 20; juni-  
ors 11 to 17.

**STYLE 197**  
...for long sleeves  
order Style 196  
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ors 11 to 17.

**STYLE 194**  
...for short sleeves  
order Style 195.  
Sizes 12 to 44.

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**Y**ou know in your profession . . . just as the ballerina knows in her faultless execution of a difficult pirouette . . . the indispensability of control. Nor does the United Drug Company ever underestimate the importance of this factor in the production of reliable pharmaceuticals. Quality control is virtually synonymous with the extensive line of products bearing the respected U. D. label.

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June, 1945

## Laboratory Tests

[Continued from page 28]

starts thrombin formation and the clotting time is taken as an index of effective prothrombin concentration. The method is easy and practical.

**Bleeding Time.** This depends upon cessation of bleeding from a small incision on the arm or ear.

### CELLULAR COMPONENTS

**Erythrocytes (Red Blood Count).** Blood is withdrawn from the finger with a special pipet and diluting fluid added. This mixture is placed on a counting chamber, examined, and counted in specially marked squares. Multiplication by a factor will give the number of erythrocytes in one c. mm. of blood. Even with the greatest care there is a percentage of error. Exercise, emotional upsets and sex

will influence results. Age does not have any influence on the readings.

**Hemoglobin.** This is the constituent of the blood that contains ferrous iron. Several methods are used for this test. The matching of a drop of blood against a color chart marked from ten to 100 percent is simple but there is some variation in paper, colors and readings. It is inaccurate for anemias. The Sahli method matches graduated tubes in a rack and reads the grams and percent, with 14 gm. (plus or minus) of hemoglobin per 100 cc. considered 100 percent. There are several other methods of this type which depend upon conversion of hemoglobin into acid hematin. Grams per 100 cc. of hemoglobin can be converted into percentages, for general purposes, by multiplying the number of grams by six.

**Reticulocyte Count.** A staining tech-

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Appropriate hygienic care of the scalp involves three essentials; cleanliness, massage, and stimulation. A properly planned program based upon these elements will frequently accomplish excellent results in helping to maintain the health of the scalp and (in instances amenable to local management) preserve the hair.

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**"In my  
SPENCER**

**of this cool  
airy fabric**

**I Lost That  
Fagged-Out Feeling"**

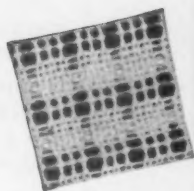
It is truly remarkable what a Spencer can do to relieve muscular backache—that dragged-down feeling at abdomen and nervous fatigue.

You'll feel rested—cool—comfortable. Your Spencer will do these things for you because it will be especially designed, cut and made for you to meet your physical needs, and yours alone.

Spencers are prescribed by doctors for dropped abdominal organs, back pains and injuries; for inoperable hernia, movable kidney; prenatal, after childbirth or an operation; for spinal arthritis, spinal curvature; breast removal and other breast problems. Spencer corsetieres neither diagnose nor prescribe. If you have troublesome symptoms, see your doctor.

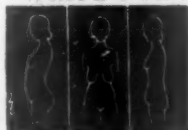
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## M. BURNEICE LARSON

Director, THE MEDICAL BUREAU  
Palmolive Building Chicago

nic indicates erythrocyte regeneration, and under oil the film of blood is observed and reticulum counted. Normal reticulocyte count is 0.5 to 1 percent of erythrocytes. This is decreased in aplastic anemias and increased when blood is regenerating in anemias that are improving rapidly.

*Erythrocyte Fragility.* The red cells are placed in a saline solution of various dilutions. Swelling and hemolysis indicate fragility. An abnormal fragility is noted when hemolysis begins at a greater concentration than 0.44 percent and complete hemolysis at greater than 0.34 percent.

*Erythrocyte Characteristics.* These values and indices are of importance and should be done very accurately. Volume, thickness and concentration are based on arbitrary normals of red blood count 5,000,000; hematocrit 43.2; hemoglobin 15.5 gm.

*Leukocyte Count (White Blood Cells).* Similar apparatus to that used for the erythrocyte count is used for this determination. Lower than a normal count is called leukopenia and a higher count, which may be physiological, is called leukocytosis. Exercise and emotions may increase the count. Leukocytosis is not usually found in tuberculosis, typhoid, malaria, influenza, measles and mumps.

*Platelets.* These thrombocytes are colorless, round bodies. Because they are fragile it is difficult to count them. Blood platelets increase after hemorrhage and operations; the active stage of thrombocytopenic purpura is characterized by a low platelet count.

*Blood Films.* These preparations are also called slides, slips, smears, spreads, streaks and films. From a skin puncture a thin film of blood is rapidly dried on the glass slide, then properly stained to determine differential count for leukocytes. The stained



*Cross Bath Pump Room, Bath, England; Early Nineteenth Century*

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HEPATICA to create gentle “Liquid Bulk” for effective cleansing of the intestinal tract.

*For a gentle, more efficient laxative, or thorough cathartic—direct your patients to dissolve SAL HEPATICA in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tsps. Cathartic Dose: 4 level tsps.*

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**Sal Hepatica**



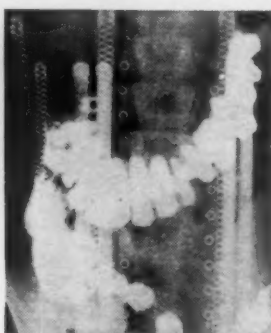
**INTESTINAL TRACT**

**Liquid Bulk!**

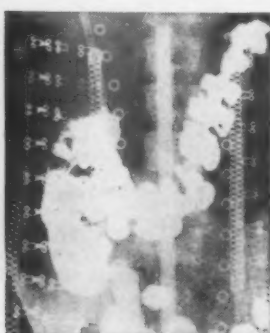
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**Action of Constricting  
Garment**



**Same Patient Supported  
by Spirella**



**Gets Same Support from  
Modeling Garment**

**W**HAT do we mean when we say Spirella supports where other corsets constrict? These X-Rays taken under competent medical supervision tell the story. The picture to the left is of the abdomen of a woman in an ordinary constricting corset. The depressing effect on the colon is clearly evident. The Hepatic Flexure lies  $1\frac{1}{4}$ " above the level of the iliac crest. The lowest portion of the Transverse Colon lies  $4\frac{1}{2}$ " below the level of the iliac crest.

The same subject was then X-Rayed in her individually-designed Spirella. The action of a Spirella is one of upward and backward traction, complementing the action of the abdominal muscles. This effect is readily visible in the middle X-Ray. For now the Hepatic Flexure lies  $3\frac{5}{8}$ " above the iliac crest and the lowest portion of the Transverse Colon was raised to a position 1" below the level of the iliac crest. Similar effects are noted on the stomach and other organs of the abdomen.

And the doctor can be sure that the degree of support his patient obtains will be exactly what he wants. For the Spirella Corsetiere can fit the patient with the exclusive Spirella Modeling Garment and the doctor can check the

support in his fluoroscope. The patient's individually-designed Spirella is made exactly to the measurements taken over the figure supported by the Modeling Garment.

And she does get the same support in her finished Spirella as she did in the Modeling Garment, as the right hand X-Ray shows. Again it is of the same woman. And you can readily see that the Hepatic Flexure is in just about the same position as in the center picture above where the woman is wearing her own Spirella. In this case the Hepatic Flexure lies  $3\frac{1}{2}$ " above the iliac crest.

To get complete information on how Spirella Supports can help the woman under your care, write Dept. 5-16. The Spirella Company, Niagara Falls, New York. In Canada, The Spirella Company, Ltd., Niagara Falls, Ontario.





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The Mazon treatment is used successfully in skin conditions of all ages. It often brings surprisingly rapid improvement in cases which have offered obstinate resistance to treatment with other medicaments.

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Indications for Mazon include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease. Mazon is anti-pruritic, antiseptic, anti-parasitic. It is easy to apply and requires no bandaging.

**BELMONT LABORATORIES CO., PHILADELPHIA, PA.**



film is examined systematically and intact cells tabulated. A report of this count will state the total number of cells counted and the percentages of each type (neutrophils, monocytes, lymphocytes, eosinophils, basophils). Marked variations in shape of the cells may indicate certain conditions.

Erythrocytes, especially in anemia, should be stained and examined. Poikilocytes (red blood cells with distorted shapes) are seen in severe anemias; sickle shaped erythrocytes in sickle-cell anemia; "target" erythrocytes are transitory in acute post hemorrhagic anemias and characteristic in sickle-cell anemia and other types of the condition; spherocytes (small cells) in congenital hemolytic jaundice, etc. Anisocytes, meaning inequality in size of erythrocytes, is found in pernicious anemia.

**Bone Marrow.** The principal reason

for this examination (other than indications of hypoplasia or hyperplasia) is to study, on a film, the variations in the development of different types of cells. Findings supplement blood studies. This examination is useful in suspected aplastic anemias, and aleukemic leukemia (leukemic bone marrow without leukemia in the circulating blood).

*(Second in a series of articles on laboratory tests. Bibliography will follow conclusion of series.)*

*Quartz rings were worn to relieve hemorrhoids in Medieval times.*

\* \* \*

*Many a Medieval man suffering from lameness, jaundice or pleurisy wore a diamond amulet, believing it to be a cure for these conditions.*

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\*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154

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June, 1945

## THE RETURN OF SUNNY, LAZY, CALIFORNIA DAYS

*Is just around the corner. Soon you'll find this again the perfect spot to work and play. Why not come now, so you'll be here and settled in your position when the war is all over and the West Coast again becomes the mecca for pleasure as well as work. Be the first to toss aside your cares and really live while you earn. We'll tell you how.*

**ASSISTANT DIRECTOR OF NURSES**—For 600-bed county hospital, Southern California; \$180, meals, straight 8-hour duty, day off weekly; excellent connection.

**ANAESTHETIST**—Large county hospital, Southern California; \$235; straight 8-hour duty, no call.

**GENERAL DUTY**—(a) Privately owned general hospital, noted artists' colony on California Coast; \$130, room and board, 8-hour duty, day off weekly; exceptionally comfortable living quarters, good food, pleasant working conditions. (b) Several nurses for new wing of 100-bed general hospital near Los Angeles; \$150, meals, 8-hour duty, day off weekly. Good rooms available at reasonable rates near hospital. (c) Three general duty nurses for very small industrial hospital, resort city in High Sierras; \$175, maintenance. Particularly suitable for anyone who likes out-of-door life—hunting, fishing, summer and winter sports.

**SUPERVISORS**—(a) For EENT department, pediatrics, Southwest; \$185. (b) Head nurse, charge of nursing service, small private hospital 60 miles from Los Angeles; \$200, maintenance.

**SURGERY**—(a) Experienced operating room nurse, 600-bed hospital not far from San Francisco; \$200, room and board. (b) For 100-bed private hospital, beach city, Southern California; \$140, maintenance. (c) County hospital, 70 beds, near Sacramento; \$160, maintenance.

**TECHNICIANS**—(a) Well qualified laboratory technician, established clinic near Los Angeles; \$225. (b) Laboratory and x-ray technician, 100-bed private hospital on ocean, Southern California; \$175, maintenance.

## Business and Medical Registry

609 South Grand Ave., Los Angeles 14, Calif.  
(Agency) Elsie Miller, Director

## Edna Streb, R.N.

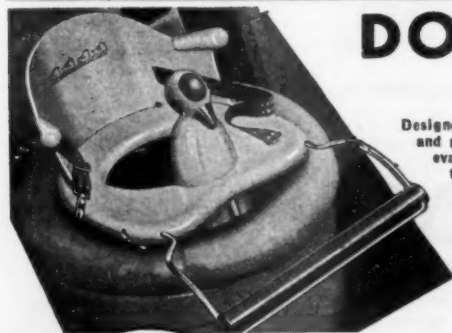
[Continued from page 46]

Last year she managed to acquire the Kenny treatment course by studying in Philadelphia.

At her desk from nine to five every day from Monday morning to Saturday noon and with all the extra hours she contributes to charitable deeds, committee meetings, and home responsibilities, her blue eyes deepened with feeling as she confided: "With this war, if it weren't for my family and my age I wouldn't be spending my time here—I'd be Over There really helping!" The shortage of nurses at our local hospital and the imperative need for them in war work drives her to a state of helpless desperation, and constant crusade.

As a mother Mrs. Streb has already contributed her oldest son to the Navy and her daughter, Sue, entered Cadet nurse training after graduation from High School in May. As a professional woman her ever-widening contacts are bound to influence girls in their choice of vocations and war work, and Edna herself, with her boundless enthusiasm and efficiency, is on her way to statewide recognition.

If you think her praises are being padded just come to Doyer, Ohio, and "let's look at the record."



## DOO-TEE NURSERY SEAT

Designed to meet the training recommendations of nurses and pediatricians. Adjustable footrest aids in normal bowel evacuation. Or seat can be used on chamber so that infant plants feet firmly on floor. Duck deflector aids posture—prevents slumping forward and gives infant sense of security—something to hang on to. Sturdy. Sanitary finish. No folding devices to pinch baby's fingers.

Folder sent on request

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# A Psychological aid in Treating Obesity



BEFORE  
Height: 5' 3½"  
Weight: 202



AFTER  
Height: 5' 4½"  
Weight: 125

FROM the doctor's own viewpoint, the most difficult problem in treating obese women is often psychological. In this connection, it may be helpful to know about the DuBarry Home Success Course.

Under the direction of Ann Delafield, the Success Course program of diet, posture, exercise, care of skin and hair and use of cosmetics appeals to the patient as a means of working towards the increased attractiveness and popularity every woman wants. It serves as a useful supplement to the physician's work by securing the patient's co-operation and by helping to form proper habits of diet and health. The 28-year-old woman pictured above offers a good example of what

might be accomplished by a physician, with the aid of the Success Course.

The Success Course is one means whereby Richard Hudnut offers the public safe, effective beauty care. Another is the Hudnut Institute for Dermatological Research, where scientific findings are applied to the development and formulation of improved, dependable beauty preparations.

Physicians are offered a booklet, "A Psychological Approach to Weight Reduction," which gives further data on the DuBarry Success Course. Write: Professional Service Division, Richard Hudnut, 113 W. 18th Street, New York 11, N. Y.

*Richard Hudnut*

113 WEST 18TH STREET, NEW YORK 11, N. Y.

June, 1945

## Camp Nursing

[Continued from page 32]

to effect permanent improvement, I could only urge kindness toward these children, and provision of cans for night use. The director herself saw to the washing of their beds, and only with great apology, one extra-busy day, asked some assistance from the nurse. As this was a church camp, run on a cost basis, with no help except for the cooks, other duties of necessity fell to counselors or campers.

Good cooks are scarce, and I was careful to stay clear of the kitchen at meal times, to return all dirty dishes at the regular washing time, to consult ahead of the meal about any special trays necessary. Our cooks were inspirational in their cooperation, and they brought me a tray when I had to

miss dinner. The "kitchen" had dreaded a nurse who got in their way just as they were finishing meal preparations, or who let soiled dishes accumulate and brought them out to clutter a cleaned-up kitchen.

After camp closed, an interchange of thank-you letters gave the nurse the opportunity to present these recommendations to the camp committee for the following year:

1. Accept the camp director's suggestion of no food boxes from home. The armloads of food boxes caused stomach-aches; and heartaches to those not receiving as many. Suggestion accepted for next year.

2. The outside toilets should have pitcher, wash basin, soap and paper towels, as we know children will not go the distance to the washroom, and we urge the health standard of always

## DR. SCHOLL'S LAMINEX *Plastic* ARCH SUPPORTS

If you suffer from tired, aching feet, rheumatoid foot and leg pains, callosities or sore heels, have Dr. Scholl's Laminex Plastic Arch Supports demonstrated on your feet. Thin as a wafer. Very resilient. Give quick relief, with exercise, from painful foot arch weakness. Now available at Shoe and Department Stores and Dr. Scholl's Foot Comfort Shops. \$6.50 pair. For folder on Dr. Scholl's Laminex Plastic Arch Supports, write Dr. Scholl's, Inc., Department N, Chicago.



## EDITORIAL OPPORTUNITY

Available on the editorial staff of "R.N." is an unusual position for a registered nurse with a successful record as a writer and editor. Salary commensurate. Describe training and experience in detail. Specify age and present earnings. Address: Miss Anne Goodrich, R.N. — A Journal for Nurses, Rutherford, N. J.

# Phillips' Milk of Magnesia

can be used and recommended  
whenever mild laxative and gastric  
antacid action are indicated as in  
*colds, peptic ulcer, hyperacidity, etc.*

## Dosage:

As a gentle laxative —  
2 to 4 tablespoonfuls

As an antacid —  
1 to 4 teaspoonfuls or  
1 to 4 tablets



# PHILLIPS' Milk of Magnesia

Prepared only by  
THE CHAS. H. PHILLIPS CO. DIVISION  
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Taste*

- ★ QUALITY FABRICS
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**thumb sucking**  
**.. nail biting**



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Easy to use. Apply like nail polish.  
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Two sizes  
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washing hands after toilet. Suggestion being improved with plans to get running water.

3. More sleep. Longer hours in bed for younger girls; stricter enforcement of quiet at night for all ages. Half the counselors came to me saying they weren't getting enough sleep. A few hardy souls who want midnight feasts every night need control. Improvement planned.

4. Pre-camp doctor's examination with signed slip required for each camper.

The least pleasant part of camp nursing was restricting fun of the ill. The most trying was the responsibility of decisions, for there was no doctor in camp. The greatest joy came from the satisfaction of nursing and teaching, from the appreciation and cooperation of everyone, and the adoration of the girls.

★ ★  
★

#### TO THE A.N.C.

Our Country has called—  
And the nurses go  
To care for the wounded—  
gob and G.I. Joe.  
With shining eyes  
And cheerful smiles  
They follow our men  
Across weary miles.  
To comfort the sick,  
Help ease the pain—  
Under shot and shell  
In mud and rain  
Onward they go  
And never complain  
Of backs that are aching  
Or feet that pain.  
Our hats off nurses  
To you, one and all  
Who so bravely have answered  
Our Country's Call!

—EDNA SALTER, R.N.



# Nurse: We want you to taste this palatable soda tablet



Carbex Bell is made entirely of sodium bicarbonate and aromatics, because our doctors tell us that sodium bicarbonate properly used is the fastest-acting and most dependable relief known for the symptoms of indigestion.

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**THE CANDY-TASTING ALKALIZER**

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Sample Carbex Bell, please.

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USE *Fitch's* DANDRUFF REMOVER SHAMPOO

Fitch Shampoo removes dandruff completely, leaves hair immaculately clean, glossy, easy to arrange. Fitch Shampoo is the only shampoo made whose guarantee to remove dandruff with the *first* application bears the backing of one of the world's largest insurance firms.

## ACTUAL PHOTOS SHOW FITCH SHAMPOO REMOVES DANDRUFF



**ORDINARY SOAP . . .**  
Microphoto shows hair shampooed with ordinary soap and rinsed twice. Note dandruff and curd deposit left by soap to mar natural luster of hair.



**FITCH SHAMPOO . . .**  
Microphoto after Fitch Shampoo and hair rinsed twice. Note Fitch Shampoo removes all dandruff and undissolved deposit, and brings out natural luster of hair.



# *Fitch's*

Economical, available at drug counters  
**DANDRUFF REMOVER SHAMPOO**

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# Burns need rest—undisturbed

## doctors find

Modern burn therapy takes into full account the need of the burn wound for REST<sup>1</sup> . . . undisturbed . . . an optimal condition for Nature's rebuilding, cell-regenerative process.

To "tear down," by daily dressings, the efforts of the epithelium to repair itself is no longer accepted practice.<sup>1, 2</sup>

As a result of experience with war burns and civilian disasters, authorities<sup>3</sup> point to the need for prompt covering of the open burn . . . and for

keeping it covered . . . as primary considerations against infection . . . promoting healing. Plasma, of course, and chemotherapy by mouth or intravenously.

Favored dressings in modern burn surface treatment are sterile, non-adherent gauze dressings, impregnated with 'Vaseline' Petroleum Jelly. Non-adherent, non-injurious to cells . . . they can be left undisturbed for days, promoting REST for the burn.

'Vaseline' Petroleum Jelly, for covering burn surface wounds and for impregnating gauze dressings, is available at drug stores everywhere in tubes and jars. 'Vaseline' Borated Petroleum Jelly in tubes only.

**'VASELINE' PETROLEUM JELLY**  
**IS PETROLATUM U.S.P.**



1. J.A.M.A. 125: 612-616 (July 1) 1944
2. J.A.M.A. 125: 536-543 (June 24) 1944
3. Ann. of Surg. 117:883 (June) 1943.

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Ready to tackle anything!



## VITAMIN D MILK

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Many a young superman today can thank his vitamin D evaporated milk formula for a sturdy body and straight legs. And doctors recognize White House Evaporated Milk as a wise choice for both prenatal and infant feeding... because of its general wholesomeness.

White House is fortified with 400 U.S.P. Units of vitamin D per pint, the minimum daily requirement of this essential "sunshine" vitamin. Compare the vitamin D content of White House with the brand you may now be recommending!

### In Addition To Its Vitamin D Content, White House Meets These High Standards

1. A solids content averaging 26.3%.
2. A butterfat content averaging above the government standard of 7.9%.
3. It is pre-heated, standardized, and sterilized.
4. It is homogenized.
5. It is accepted by the American Medical Association's Council on Foods and Nutrition.



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June

# Positions Available

To apply, write a separate application for each opening and address to correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. [R.N. does not conduct an employment service, but forwards your inquiries to placement bureaus and individual employers. Send no money with application. Bureaus requiring a fee will bill you. ANSWER JOB ADVERTISEMENTS PROMPTLY!]

**ANESTHETIST:** Take complete charge student anesthetists; also have charge of anesthesia; 260-bed hospital; \$200, maintenance. (Placement bureau charges \$2 registration fee.) Box C-136.

**ANESTHETIST:** Arabia. New well-equipped hospital built by large American company; surgery relatively light at present; consequently anesthetist willing to occupy part of time with staff duties required; minimum \$3600, expenses; transportation provided; term of service, two years. (Placement bureau charges \$2 registration fee.) Box MB6-2.

**\*ANESTHETIST:** Metropolitan Area. For exodontia office; 5½-day week; no night work; all major holidays; congenial atmosphere; attractive salary. Apply: Box MC6-45.

**\*CENTRAL SUPPLY SUPERVISOR:** California. Experienced to organize department; 50 beds; 48-hour week; \$175. Apply: Burbank Hospital, Burbank, Calif.

**DIETITIAN, CHIEF:** East. 315-bed hospital; 7 dietitians employed; excellent salary. (Placement bureau charges \$2 registration fee.) Box C-139.

**DIRECTOR, EDUCATIONAL:** Midwest. To coordinate program of theory and practice; degree required; 400-bed hospital; \$200, maintenance. (Placement bureau charges \$2 registration fee.) Box C-140.

**DIRECTOR OF NURSES, ASSISTANT:** Midwest. 200-bed general hospital near Chicago; well-organized program; affiliated with central school; \$175-\$200, full maintenance. (Placement bureau charge \$2 registration fee.) Box MB6-3.

**\*GENERAL DUTY NURSES:** California. 100-bed tuberculosis sanatorium near Bakersfield; \$145-\$185, plus room, board and laundry. Apply: Stony Brook Retreat, Keene, Calif.

**\*GENERAL DUTY NURSES:** Florida. 8-hour day, 6-day week; starting salary \$125, after 3 months \$135, maintenance; one month rotating night duty. Apply: Tampa Municipal Hospital, Tampa 6, Florida.

**GENERAL DUTY NURSES:** Michigan. Small hospital; \$1900, including board and laundry. (Placement bureau charges \$2 registration fee.) Box MB6-9.

\*Not listed by placement bureau.

**\*GENERAL DUTY NURSES:** Michigan. For floor and operating room work; salaries average \$185; nurses home available. Apply: East Side General Hospital, 2199 Cadillac Blvd., Detroit, Mich.

**\*GENERAL DUTY NURSES:** Michigan. Fully approved 65-bed general hospital; excellent living and working conditions; 48-hour week; \$135, full maintenance. Apply: Cottage Hospital, Grosse Pointe, Michigan.

**\*GENERAL DUTY NURSES:** New York City. Day or night duty; private general hospital in midtown Manhattan. \$175 including meals; live out. Box LRS6-45.

**\*GENERAL DUTY NURSES:** Philadelphia. Small hospital; 10-hour duty, 6-day week; excellent living conditions; salary open. Apply: Directress of Nurses, Northern Liberties Hospital, 7th & Brown Sts., Philadelphia, Pa.

**INDUSTRIAL NURSES:** Indiana. Ordnance plant located in small town; \$50-\$55 weekly, opportunity for increase in salary by working overtime. (Placement bureau charges \$2 registration fee.) Box MB6-12.

**INDUSTRIAL NURSES:** Southwest. Ordnance plant; town of 60,000; 48-hour week; \$280; small apartments available near plant. (Placement bureau charges \$2 registration fee.) Box MB6-13.

**\*INSTRUCTOR, PSYCHIATRIC NURSING:** Pennsylvania. Opportunity to assist in development of an affiliate school; 48-hour week; 15 days paid vacation annually; \$146, plus maintenance including apartment. Apply: Mayview State Hospital, Mayview, Pa.

**INSTRUCTOR, SCIENCE:** East. 100-bed hospital; \$200, complete maintenance. (Placement bureau charges \$2 registration fee.) Box C-141.

**\*INSTRUCTOR, SCIENCE:** Pennsylvania. Term beginning September 1945; fully accredited school averaging 30 students; attractive living conditions. Apply: Montgomery Hospital, Norristown, Pa.

**\*INSTRUCTOR, SCIENCE, AND EDUCATIONAL DIRECTOR:** South. Accredited school, 125 students, participating in the Cadet Corps program; excellent salary, full maintenance. Apply: The MacLeod Infirmary, Florence, South Carolina. [Turn the page]

## NURSES PREFER THIS LAXATIVE

Because in pregnancy, menstruation and hemorrhoids TAXOL's 90%-less aloe formula avoids pelvic congestion.

Because TAXOL "works" in 6 to 12 hours without the griping of high aloe dosage.

Because TAXOL is never publicly advertised.

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**MEDICAL SECRETARY:** Florida. Able to take dictation from house doctors, X-ray dictation, etc. Salary commensurate with ability. (Placement bureau charges \$2 registration fee.) Box C-142.

**\*NURSE FOR P.R.N. DUTIES:** Texas. One with orthopedic training preferred; chance for advancement. Apply: Texas Scottish Rite Hospital for Crippled Children, 2201 Welborn Street, Dallas 1, Texas.

**PUBLIC HEALTH NURSE:** 130-bed tuberculosis hospital; swimming pool; five acre lake; \$225, full maintenance. (Placement bureau charges \$2 registration fee.) Box C-143.

**STAFF NURSES:** Hawaii. Small general hospital located on one of the smaller islands; \$175, maintenance; transportation refunded after two years service. (Placement bureau charges \$2 registration fee.) Box MB6-24.

**\*STAFF NURSES:** Michigan. Medical, surgical and obstetrical departments; hospital located in large industrial city; 8-hour duty, 6-day week; vacation and sick leave after first year; \$185 including laundering of uniforms. Apply: Box FCH6-44.

**\*STAFF NURSE:** New York City. \$120, full maintenance; \$140 with meals and laundry. Apply: Supt. of Nurses, New York Eye and Ear Infirmary, 218 Second Ave., New York, N.Y.

**STAFF NURSES:** Peru. General hospital operated by large American company; duties

\*Not listed by placement bureau.

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## SPOT TESTS

## SIMPLIFY URINALYSIS

**No Test Tubes • No Measuring • No Boiling**

Diabetics welcome "Spot Tests", (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

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**SAME SIMPLE TECHNIQUE FOR BOTH**

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A carrying case containing one vial of Acetone Test (Denco), one vial of Galatest, medicine dropper and Galatest color chart is now available at all prescription pharmacies and surgical supply houses. This is very convenient for the medical bag or for the diabetic patient.

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## Denture Adventures

by Harry Johnson



"Lessee now—hammer, chisel, scraper, brush, scouring powder  
—guess I'm ready to start, darn it!"

Hold it nurse! You don't need all that equipment to clean dentures! *Polident* will *soak* them *clean* . . . it *literally dissolves* film and discoloration . . . *soaks away* odors . . . *cleans* every crevice quickly and safely—without abrasion, and with less danger of breakage through dropping. More dentists recommend *Polident* than any other denture cleaner. Try this *pleasant* way of cleaning patients' dentures.

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Just soak  
10-15 minutes  
or overnight  
—rinse—  
That's all!

June, 1945

**"O-O-O-O MY FEET!"**

WHY SUFFER WITH FOOT TROUBLES THAT DRAG YOU DOWN? TIRED, BURNING, TENDER, ITCHING, PERSPIRING FEET OR CORNS AND CALLOUSES GIVE YOU THAT E-X-H-A-U-S-T-E-D LOOK.



**QUICK RELIEF!**

GET PROMPT RELIEF WITH EFFICIENT, SOOTHING JOHNSON'S FOOT SOAP—THE OLD TIME FAVORITE FORMULA OF BORAX, IODIDE & BRAN. SOFTENS CORNS & CALLOUSES.



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Charm, smartness and originality feature this very youthful princess style Hoover Uniform. Clever pointed set-on belt gives that slimming "nipped-in" waistline effect. Stunning notched convertible collar, squared shoulders, snow-white buttons and two pockets on the flared skirt. White Sunningdale broadcloth in coat style. Sizes 12 to 42.

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largely supervisory since individual nursing is done by locally trained employees, \$150, full maintenance; transportation provided. (Placement bureau charges \$2 registration fee.) Box MB6-19.

**SUPERINTENDENT OF NURSES:** New Jersey. 250-bed hospital; to direct school of nursing, degree required; \$3000, full maintenance; one month vacation; 2 week sick leave with pay; attractive private apartment. (Placement bureau charges \$2 registration fee.) Box C-144.

**\*SUPERVISOR:** Oregon. Small fully-approved psychiatric hospital; \$250. Apply Fairlawn Hospital, Portland, Oregon.

**SUPERVISOR:** South America. General hospital operated under American auspices; \$200, maintenance; transportation by air provided by hospital. (Placement bureau charges \$2 registration fee.) Box MB6-25.

**SUPERVISOR, FLOOR:** East. Large hospital specializing in orthopedics; \$200, non-resident appointment. (Placement bureau charges \$2 registration fee.) Box MB6-7.

**\*SUPERVISOR, FLOOR:** Florida. \$145, maintenance. Apply: Supt. of Nurses, Morrell Memorial Hospital, Lakeland, Florida.

**\*SUPERVISOR, NIGHT:** East. Tuberculosis Sanatorium; also nurse for operating and treatment room; salary open. Apply: Supt. of Nurses, Montefiore Sanatorium, Westchester County, Bedford Hills, New York.

**SUPERVISOR, OPERATING ROOM:** East. 300-bed hospital; \$200, maintenance. (Placement bureau charges \$2 registration fee.) Box C-138.

**\*SUPERVISOR, OPERATING ROOM:** Greater New York. 130-bed general hospital; salary open. Box TBH6-45.

**\*SUPERVISOR, OPERATING ROOM:** Philadelphia. With teaching experience; 185-bed hospital; attractive salary, full maintenance. Apply: Directress of Nurses, Woman's Hospital of Phila., 4035 Parrish Street, Philadelphia 4, Pa.

**SUPERVISOR, PEDIATRIC.** Midwest. 600-bed hospital; necessary teach pediatric nursing, both formal classes and ward classes; good salary. (Placement bureau charges \$2 registration fee.) Box C-137.

**SUPERVISOR, PEDIATRIC:** South. New 300-bed hospital staffed by group of outstanding specialists, diplomates of American Boards; excellent opportunity for advancement; \$2500. (Placement bureau charges \$2 registration fee.) Box MB6-17.

**SUPERVISOR, SURGICAL:** Midwest. Privately operated medium-size hospital; operations average 3 to 4 daily; minimum \$200, full maintenance. (Placement bureau charges \$2 registration fee.) Box MB6-22.

**SURGICAL NURSE:** Peru. Well-equipped general hospital operated by large American company; \$175, full maintenance; need not report until August 1. (Placement bureau charges \$2 registration fee.) Box MB6-21.

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KEEP IT CLEAN  
WITH ENERGINE!

*Does 2 things at same time!*



# ENERGINE SHOE WHITE CLEANS as it WHITENS!

Make your shoes clean as well as white! Energine Shoe White does both—for it makes dirt and sloppy smudges disappear WHILE it whitens! And it whitens uniformly, too—giving your shoes a snowy whiteness that's the same from toe to heel! A special ingredient—a remarkable leather conditioner—helps preserve your shoes. Energine Shoe White comes with handy applicator, goes on in a jiffy, and there's nothing that stays on better! Get the big bottle today.



# Ever Have a "Nurse's Nightmare?"



**Why suffer? Read how scores of nurses find relief from these discomforts**

**I**N your work, it's almost impossible to avoid common skin discomforts. Your uniform may chafe you; your hands get rough and sore from many washings and probably your feet frequently burn at the end of the day.

Don't suffer! Get a jar of the Medicated Skin Cream, Noxzema, and keep it handy. Rub a little on your hands after you wash (Noxzema's greaseless; vanishes almost at once). See how quickly it soothes, helps heal—how it softens and smooths the rough, dry skin. Try it for

painful chafing, and see how it cools and soothes tired, burning feet. In a recent survey, 7 out of 10 of the nurses interviewed said they use Noxzema, not only for themselves but for their patients as well. Why not *try* Noxzema? Get a jar at any drug counter today and discover how many ways it can add to *your* comfort! 10¢, 35¢ and 50¢ (plus tax).

## NOXZEMA



R.N.

LONG ISLAND DAILY PRESS, MONDAY, MARCH 13, 1944.

**PLEASE  
RUSH...** **HANDLE CAREFULLY**  
(This box contains  
**BANANAS**  
for a sick child.)



**BANANA BABY ONE YEAR OLD**—"Wotta birthday!" says Otilie M. Schmeltzer of 117-24 126th Street, South Ozone Park, New York, celebrating her first anniversary with a diet of bananas, just about the only food she has had since birth. Otilie has a celiac condition and must have bananas to keep alive.

## War or no war . . . Celiac babies get bananas

Yes, all through the war celiac babies have been getting their needed quota of bananas.

At the request of the United Fruit Company, the banana jobbers of the country set aside a portion of their scant supplies to take care of the needs of celiacs and others for whom doctors prescribe bananas. Even during acute shortages, holders of certificates from physicians prescribing bananas were able to get them.

Ever since the discovery by the medical profession 20 years ago that the carbohydrates in the fully ripe banana are well tolerated and utilized by infants and children suffering from celiac disease\*, bananas have been prescribed by doctors as a

definite part of the dietary regimen for celiac patients.

The banana contains adequate pectins and its fat content (.2%) is almost negligible. It also has a plus value from the nutritional standpoint because it is a good source of vitamins and minerals.

When the ships which carry bananas in peacetime return from their war service, there will be no need for doctor's certificates, and everyone who wishes bananas, even just because he likes them, will be able to have them.

\*A form of chronic intestinal indigestion, usually occurring in infancy or early childhood, in which fats and most carbohydrates are not well tolerated and utilized.

**UNITED FRUIT COMPANY**



No more crying

I'll use **BOROFAX**

to protect you

from irritated skin

**BOROFAX**\* Borated Ointment — \*Registered Trademark BURROUGHS WELLCOME & CO. (U.S.A.) Inc.